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JOINT COMMITTEE ON INSURANCE ANNUAL REPORT

1986

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Senate Chair

Rep. Francis H. Woodward
House Chair

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Senator Linda J. Melconian

HOUSE CHAIR

Representative Francis H. Woodward

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INSURANCE COMMITTEE STAFF

Charles T. Alagero, Esquire
Robert J. Smith
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Robert D. Tierney
Diana DeMonte

INTRODUCTION

1986 proved to be an eventful year for the Joint Legislative Committee on Insurance. A total of 277 bills were heard by the committee. Of that number, 29 were signed into law.

The dominant issue in 1986 was the continuing crisis in liability insurance. Areas of concern included human service/day care provider liability, hazardous waste, recreational facilities, marine insurance, asbestos liability, municipal liability and medical malpractice insurance. Attempts were made to grapple with, address and resolve these issues in a myriad of ways. Joint underwriting authorities, market assistance plans, reinsurance mechanisms and reciprocal pooling agreements provided a source for alternative resolutions. The committee demonstrated the resolve and flexibility to study and seek effective avenues of recourse.

An extraordinary amount of the Committee's efforts and resources were expanded upon resolving the crisis in medical malpractice. The committee engaged in 10 months of lengthy hearings and debate. During that time, extensive efforts were undertaken to craft legislation which would help to stabilize insurance premiums, eradicate the poor practice of medicine and insure a reliable and responsive reimbursement mechanism. Hopefully Chapter 351 will achieve this goal.

While there was the potential for the liability crisis to be overwhelming, the daily work of the committee continued. The issue of uniformity of mandated benefits came before the committee. This legislation would insure that all residents of the Commonwealth would receive those mandated benefits upon the books regardless of the place of issue or delivery.

Legislation was also enacted which put an end to the practice of charging interest on total automobile insurance premiums. With the enactment of Chapter 333 interest may now be charged only upon the unpaid balance due as of the billing date thus ending this unfair administrative practice.

Another piece of legislation which was enacted was Chapter 188. This law further protects the confidentiality of patients receiving health care providers need written, informed consent of a subscriber to disclose acquired information and said consent may not be coerced. Finally, legislation was passed which prohibits banks, lending institutions, mortgage companies or any other mortgage doing business in Massachusetts from requiring a mortgagor to carry property insurance which exceeds the replacement cost of the buildings subject to the mortgage. This legislation was signed into law as Chapter 546.

The committee wishes to thank Jeffrey J. Nourse and William E. H. Bruce for the time and dedication given to the committee. The insight and levity which they brought to this committee will be surely missed. We wish them the best of luck in all their future endeavors.

1986 was a year in which the Committee demonstrated the resolve to address the complex and controversial issues that came before it. The Committee looks forward to continue to meet the challenges presented to it.

1986 LEGISLATIVE HIGHLIGHTS

CHAPTER 351

CHAPTER 10

CHAPTER 333

CHAPTER 491

CHAPTER 546

CHAPTER 579

CHAPTER 622

CHAPTER 351- AN ACT RELATIVE TO MEDICAL MALPRACTICE.

A. The Board of Registration in Medicine

- The Board is taken out of the jurisdiction of the Division of Registration and will be considered independent of the other Boards of Registration.

- Two new units will be created within the Board. The disciplinary unit will be charged with compiling and investigating complaints and reports received by the Board.

The risk management unit will develop quality assurance and technical assistance programs designed to increase physician awareness of procedures which lessen the risk of negligence and injury to patients.

- The Board is also directed to establish a data repository containing all of the information which the Board receives. The information maintained in the data repository will be protected by the Board's confidentiality requirements. The Board's confidentiality law requires that all reports, complaints and investigations remain confidential until there is a show cause hearing or some other final disposition of the complaint.
- Any Board employee who violated the confidentiality provisions will be subject to a fine of not more than five hundred dollars.
- The bill contains several mandatory reporting requirements:
 - Medical Malpractice Tribunals, Court Clerks and Medical Malpractice Insurers are required to report to the Board when there has been a final disposition in a medical malpractice case.
 - Health Care Providers, including nurses and physicians, and state employees are required to report to the Board where there is reasonable basis to believe that a physician is violating the Board's standards.
 - Persons who are required to report are given immunity with respect to any reports made in good faith.

- Health Care Providers are given a private right of action against an employer who retaliates against the provider-employee who reports to the Board in good faith.
- Where the Board has reasonable basis to believe that the conduct of physician or other health care provider was criminal in nature, it shall report the matter to the appropriate district attorney with an exemption for the impaired physician program.
- The Board will have subpoena power.
- The Board may order the mental or physical examination of a physician who it reasonably believes is mentally or physically impaired. If the physician refuses to be examined, the board may seek an order requiring him to do so in the Superior Court.
- The Secretary of Consumer Affairs and Business Regulation is given the power to approve the Board's regulations.
- Presently, physicians are required to renew their licenses every two years. A physician will still be required to renew his license every two years, but he will send the renewal form in on his birthday for administrative purposes. Effective 1987.
- The Board is required to promulgate regulations relative to requiring that physicians obtain malpractice insurance, the participation of physicians in risk management programs and the prioritization of investigation of complaints and reports received by the Board.
- The bill defines hospital peer review committees to include committees which investigate physician practices and procedures. Members and anyone assisting peer review committees are given good faith immunity. Additionally the proceedings, findings or opinions of peer review committees are privileged information and immune from discovery in most types of civil suits.

Changes in Tort Law relative to Medical Malpractice

- A jury or a court in a non-jury trial will be required to itemize an award given to the plaintiff. The itemization will include a listing of past and future medical expenses, work loss, non-economic damages (i.e. pain and suffering), costs of rehabilitation, etc.
- The collateral source rule is eliminated in relation to any past damages, incurred prior to judgement, for which the plaintiff has been compensated by a health insurer, any state or federal disability plan of gifts made to the plaintiff and benefits for which there is a right of subrogation under federal law.

In tort law, the collateral source rule prevents the defendant from introducing evidence of compensation received by the plaintiff from sources other than the defendant for damages caused by the defendant. Under the present rule, the defendant cannot ask that a judgement be reduced because of the compensation already received by the plaintiff.

- The bill places a \$500,000 cap on general, non-economic damages such as pain and suffering except in those cases where the judge or jury finds that the plaintiff has been substantially impaired or disfigured or there are other special circumstances which warrant a finding that imposition of the cap would deprive the plaintiff of just compensation for his injury. Such special circumstances must be specifically set out in the judgement and would be subject to review on appeal.
- The bill caps attorney's fees on a sliding scale which is as follows:
 - a) 40% of the first \$150,000 recovered;
 - b) 33 1/3% of the second \$150,000 recovered;
 - c) 30% of the next \$200,000 recovered; and
 - d) 25% of any amount recovered in excess of \$500,000.
- The medical malpractice tribunal bond is increased from \$2,000 to a maximum of \$6,000, and the finding of the tribunal may be placed in evidence in an action by a defendant to recover costs incurred in a frivolous action by the plaintiff.
- The statute of limits for medical malpractice actions would be revised to place an outside limit on the time which a lawsuit may be commenced, that limit being seven years after the date of the occurrence which gave rise to the claim, except when the action is based upon the leaving of a foreign object in the body (in which case no outside limit shall apply). At present, such actions may be commenced within three years of discovery that there are grounds to initiate the suit, but there is no limit on the time period in which such discovery must be made.

Provisions relative to the Joint Underwriters Association (J.U.A.) and malpractice insurance in general.

Commissioner

- The Insurance Commissioner is required initially to set rates for medical malpractice premiums by March 1 in the year preceding the year for which the rates are going to be effective. If the Commissioner fails to set a final rate in a timely fashion, he must choose an interim rate pending such final determination. Said rate will be from the filings made by interested parties with respect to the period in question.

- The Commissioner is authorized to establish a surcharge and credit system for malpractice insurance premiums.
- The maximum amount of medical malpractice policy coverage for physicians is increased from \$1 million per occurrence and \$3 million in the aggregate for a year to \$2 million and \$6 million, respectively. The maximum amount of policy coverage which a hospital may obtain is increased from \$10 million to \$20 million per year.
- The membership of the J.U.A. Board is increased from thirteen to fifteen. The Board will now include eight representatives of the member insurance companies, one representative of the insurance producers, five representatives of the medical profession, one of whom shall be a representative of licensed hospitals, and one representative of the public.
- The J.U.A. is required to establish a data repository for claim information and other statistical data.
- The Medical Malpractice Commission shall conduct a study of the health insurance industry including its premium and reimbursement practices; a study of the feasibility of establishing a patient compensation fund, and a study of the feasibility of establishing an early tender system. The cost of the study will be paid by an assessment on all health insurers in the state.
- The Commissioner is authorized to establish a part-time physicians risk classification within each general risk classification.

- The bill requires Blue Shield, Medicaid and Worker's Compensation insurers to provide increased reimbursements to physicians when there is an increase in medical malpractice premiums over the premiums set for the previous rate period. Effective 1992, a new base year shall be established. The Insurance Commissioner, through a procedure in which any interested party may intervene, shall establish the market share for each of the above-mentioned health insurers and for the medicare program. Based on that calculation, the Commissioner shall determine the aggregate amount of reimbursements which shall be paid by Blue Shield to participating physicians. This amount of money is based on its market share as well as 50% of Medicare's market share. The Rate Setting Commission shall determine the aggregate amount of reimbursements, to be paid to participating physicians by Medicaid and Worker's Compensation insurers.

Blue Shield shall make reimbursements to participating physicians by first determining the amount which should be allocated to each procedure code and then allowing physicians to ~~recover~~ recover the allocated amount when billing Blue Shield for a procedure.

The Rate Setting Commission will require Medicaid and Worker's Compensation insurers to make the necessary adjustments in their payments to physicians for services rendered.

Blue Shield shall be allowed to pass through, to their subscribers, reimbursements made to physicians for medical malpractice premium increases. Blue Shield cannot, however, pass through any other reimbursement increases to subscribers prior to the Commissioner's determination whether or not Blue Shield can establish new cost saving and risk management procedures. Worker's Compensation insurers may pass through, to their subscribers, reimbursements to physicians for medical malpractice premium increases in a manner determined by the Insurance Commissioner.

- The J.U.A. is required to complete a study which compiles the data from all of the claims settlements and judgements from the previous five years.
- Upon approval of the Commissioner, the J.U.A. is authorized to treat each line of business within the J.U.A. separately.

- For the rate period from July 1, 1983 through June 30, 1986, physicians insured by the Joint Underwriting Association (J.U.A.) have been paying premiums based on the Insurance Commissioner's May, 1984 rate decision. Since actual premiums for that period are considerably higher than that level, there is a substantial deferred premium liability which must be paid by the physicians. This bill requires that the physicians eliminate that liability over a five-year period, beginning on July 1, 1987 and continuing through June 30, 1992. The Insurance Commissioner shall establish a rate surcharge for each of the five rate periods from 1987-1992, which will permit a prorated recovery of the total amount owed, plus interest at a rate of 11% from July 1, 1987.
- Any physician who has died, retired at the age of sixty-five, becomes unable to practice due to a disability, or moves out of the state after completing a residence program, does not have to participate in the repayment plan after the date of cessation of his practice. However, any physician who otherwise ceases to practice in the state will be required to pay his share of the liability. The JUA shall be extended until July 1, 1992, to permit its recovery of the deferred liability under this provision.
- A medical malpractice analysis unit will be established within the Division of Insurance. The unit will assist the Commissioner in analyzing medical malpractice premiums and charges and advise the Commissioner on any rate requests. The unit will also analyze the impact of medical malpractice premium increases on physician reimbursement. The unit shall be funded by an assessment on the J.U.A.

CHAPTER 10 - AN ACT ESTABLISHING THE HAZARDOUS WASTE INSOLVENCY FUND.

This law created the Massachusetts Hazardous Waste Licensees Insolvency Fund to fill the need for otherwise unavailable insurance. The fund will be activated when a licensed company which lost a claim was not able to satisfy a claim for injury arising out of the escape of pollutants from a permitted site. Money for the fund will be collected through an assessment against each of the state's hazardous waste generators.

CHAPTER 333 - AN ACT FURTHER REGULATING THE AMOUNT OF INTEREST CERTAIN INSURANCE COMPANIES MAY CHARGE ON CERTAIN MOTOR VEHICLE INSURANCE.

This law mandates that any insurance company which accepts payments of motor vehicle insurance premiums in installments shall calculate the interest charge only on the unpaid balance due as of the billing date.

This law prevents the practice of some insurance companies which were charging interest on the amount of the full premium and not the unpaid balance.

CHAPTER 491 - AN ACT FURTHER REGULATING PUBLIC EMPLOYERS SELF-INSURANCE GROUPS.

This law pledges the Commonwealth's guarantee to pay the losses of a public employer self-insurance group in the event that the group's loss fund and accumulated surplus contributions are insufficient to meet such losses. The form of guarantee shall be a letter of credit, or an agreement to reimburse the issuer of a letter of credit not to exceed ten million dollars in the aggregate. Any monies must be repaid within a five year period. This guarantee by the Commonwealth was essential in enabling municipalities to pool their resources to obtain liability insurance.

CHAPTER 546 - AN ACT LIMITING THE AMOUNT OF FIRE INSURANCE FOR CERTAIN POLICIES.

Before this legislation became law banks, lending institutions, mortgage companies or any other mortgagee doing business in the Commonwealth could require that a mortgagor carry property insurance which exceeded the replacement cost of buildings located on the mortgaged premises. This new law which applies to all mortgage loans made on or after April 1, 1987 now prohibits this unfair practice. Savings will be realized in that premiums will no longer be collected on insurance of which claims cannot be made against.

CHAPTER 579 - AN ACT RELATING TO THE EXTRATERRITORIAL APPLICATION OF MANDATED INSURANCE BENEFITS.

This law addresses the issue of the applicability of mandated benefits to policies of insurance issued within Massachusetts. In particular, this law requires that all policies issued in Massachusetts, whether delivered within or without the state, must include all mandated benefits outlined. These benefits include maternity, cardiac rehabilitation, and alcoholism benefits. Also included is coverage for plant closings and involuntary layoffs as well as coverage for divorced spouses.

CHAPTER 622 - AN ACT RELATIVE TO AUTOMOBILE INSURANCE RATES.

This law expands the powers of the Insurance Commissioner by granting the Commissioner the authority to determine whether insurance companies utilize adequate programs of cost control and expenses in accordance with standards approved by the Commissioner.

Such programs must have or expect to have a material impact on premium charges by reducing costs and expenses incurred by insurance companies. If the Commissioner determines that the filing is deficient or its programs are inadequate, the Commissioner shall limit in any way he deems to be appropriate the amount of any adjustment costs and expenses.

OTHER LEGISLATION SIGNED INTO LAW IN 1986

CHAPTER 37
CHAPTER 188
CHAPTER 193
CHAPTER 268
CHAPTER 269
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THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT ESTABLISHING THE MASSACHUSETTS HAZARDOUS WASTE INSOLVENCY FUND.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to immediately establish the Massachusetts Hazardous Waste Insolvency Fund, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience. _____

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 21C of the General Laws is hereby amended by adding the following sixteen sections:-

Section 15. As used in sections fifteen to thirty, inclusive, the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Commissioner", the commissioner of insurance.

"Plan", the plan of operation established and approved under section twenty-two.

"Licensee", a person or entity holding a license to own or operate a hazardous waste collection, treatment, disposal or storage facility, pursuant to this chapter, or which is a facility having interim status pursuant to RCRA and regulations promulgated pursuant to this chapter.

"Insolvent licensee", a licensee which, after December thirty-first, nineteen hundred and eighty-five, becomes insolvent and is placed under a final order of arrangement, bankruptcy, liquidation, conservation or rehabilitation by a court of competent jurisdiction; or is finally adjudicated to be bankrupt or insolvent by a court of competent jurisdiction; or certifies to the insolvency fund in writing, under the pains and penalties of perjury, that it is insolvent and is found to be insolvent by the insolvency fund or the commissioner of insurance.

"Impaired licensee", a licensee which, after December thirty-first, nineteen hundred and eighty-five, is not an insolvent licensee and is found by the insolvency fund or by the commissioner to be potentially unable to satisfy a

pending potential covered claim; or is the subject of proceedings under the bankruptcy code; or is placed under an order of receivership, conservation or rehabilitation by a court of competent jurisdiction.

"Covered claim", an unsatisfied final judgment against an insolvent licensee entered in a civil action commenced on or after January first, nineteen hundred and eighty-six and before January first, nineteen hundred and eighty-seven, for bodily injury or property damage to a third party caused by an accidental occurrence arising from operation of a hazardous waste collection, disposal, treatment or storage facility in the commonwealth.

"Potential covered claim", a claim for bodily injury or property damage to a third party caused by an accidental occurrence arising from operation of a hazardous waste collection, disposal, treatment or storage facility in the commonwealth; which is the subject of a civil action against a licensee commenced on or after January first, nineteen hundred and eighty-six; and satisfaction of which is likely to require an amount exceeding the total amount of liability insurance available to satisfy the claim and the assets of the defendants available to satisfy the claim.

"Generator", a person who produces hazardous waste while engaged in business within the commonwealth.

"Insolvency fund", the Massachusetts hazardous waste insolvency fund established under section sixteen.

Section 16. There is hereby established a body politic and corporate to be known as the Massachusetts hazardous waste insolvency fund. All generators shall be and shall remain members of the insolvency fund. The insolvency fund shall perform its functions under the plan of operation established and approved under section twenty-two and shall exercise its powers through a board of directors established under section seventeen. The insolvency fund shall be subject to the immediate supervision of the commissioner. Meetings or records of the insolvency fund may be opened to the public upon a majority vote of the board of directors of the insolvency fund.

Section 17. (a) The board of directors of the insolvency fund shall consist of nine members, serving terms as established in the plan of operation. Five of the directors shall be elected by generators, subject to the approval of the commissioner, and four of the directors shall be appointed by the governor. Vacancies on the board shall be filled for the remaining period of the term by election or appointment in the same manner as the director which cre-

ated the vacancy was elected or appointed. To elect the initial nonappointive directors and initially organize the insolvency fund, the commissioner shall give notice in a reasonable manner, by publication or otherwise in his discretion, to all generators of the time and place of the organizational meeting. In determining voting rights at the organizational meeting, each generator shall be entitled to vote in person or by proxy, and shall be entitled to one vote per ten thousand gallons of liquid or eighty thousand pounds of solid hazardous waste generated by the generator in the commonwealth in the next previous calendar year. In the event of a dispute as to the number of votes to which a generator is entitled, the commissioner shall promptly determine the issue in his sole discretion, after consulting with the commissioner of the department of environmental quality engineering. If the board of directors is not selected within sixty days after notice of the organizational meeting, the commissioner may appoint the initial elected members.

(b) In approving selections or in appointing members to the board, the commissioner shall consider, among other things, whether all generators are fairly represented.

(c) Members of the board may be reimbursed from the assets of the insolvency fund for expenses incurred by them in carrying out their duties as members of the board of directors, if the board approves of said reimbursement, but members of the board shall not otherwise be compensated by the insolvency fund for such services.

Section 18. (a) If a licensee is an impaired licensee, the insolvency fund may, in its discretion and subject to any conditions imposed by the insolvency fund, that do not impair the contractual obligations of the impaired licensee and that are approved by the commissioner:

(1) defend, guarantee, assume insure or reinsurance, or cause to be defended, guaranteed, assumed, or insured, any or all of the potential covered claims against the impaired licensee; or

(2) provide such monies, pledges, notes, guarantees, or other means as are proper to effectuate clause (1) and assure defense or payment of the potential covered claim against the impaired licensee pending action under said clause (1).

(b) If a member licensee is an insolvent licensee, the insolvency fund may, in its discretion, either (1) defend, guarantee, assume, insure or reinsurance, or cause to be defended, guaranteed, assumed or reinsured, the potential

covered claims against the insolvent licensee; or (2) assure payment of the potential covered claims against the insolvent licensee; or (3) provide such monies, pledges, notes, guarantees, or other means as are reasonably necessary to discharge such duties.

(c) The insolvency fund shall pay, pursuant to the procedures set forth in section nineteen, and subject to the limits described herein, so much of any covered claim against an insolvent licensee as exceeds the total of (1) the amount of liability insurance available to satisfy the judgment; and (2) the value of the assets of the insolvent licensee reasonably available to satisfy the judgment; and (3) the value of the assets of any other party liable jointly for all or any part of the said judgment to the extent that those assets are reasonably available to satisfy the judgment.

In no event shall the insolvency fund pay any part of an unsatisfied judgment arising out of one sudden accidental occurrence, to the extent that the judgment exceeds three million dollars, inclusive of interest and costs, nor shall the insolvency fund pay any amount for judgments against a single insolvent licensee for sudden accidental occurrences to the extent that the total of all said judgments exceed six million dollars, inclusive of interest and costs.

In no event shall the insolvency fund pay any part of an unsatisfied judgment arising out of one non-sudden accidental occurrence, to the extent that the judgment exceeds five million dollars, inclusive of interest and costs, nor shall the insolvency fund pay any amount for judgments against a single insolvent licensee for non-sudden accidental occurrences to the extent that the total of all said judgments exceed ten million dollars, inclusive of interest and costs.

Section 19. (1) Any person who commences a civil action against a licensee for damages arising out of an occurrence or occurrences in the commonwealth of unintentional release of hazardous waste into the environment from a facility in the commonwealth, shall give notice of the filing of said action to the insolvency fund, together with a statement of the amount of damages sought in the said action, within one hundred and eighty days after commencing said action and in no event later than July first, nineteen hundred and eighty-seven. Failure to give such notice within the period prescribed herein shall constitute a bar to any claim against the insolvency fund arising from any judgment entered in the said action.

(2) At any time after notice has been given pursuant to subsection (1), the plaintiff, the licensee or any affected party in the subject civil action may give notice to the insolvency fund that the licensee is or may be an impaired or insolvent licensee. The insolvency fund shall have authority to negotiate, settle or compromise any potential covered claim on terms which, in its judgment, adequately satisfy its potential liabilities.

(3) Any person who has provided timely notice of his claim against a licensee pursuant to subsection (1), whose claim has been reduced to a final judgment, all rights of appeal being exhausted, waived or expired and whose judgment exceeds the total of the amount of liability insurance or its equivalent available to satisfy the judgment and, the amount of cash, marketable securities or other liquid assets available to satisfy the judgment, may give notice of the said facts to the insolvency fund. The insolvency fund shall thereupon promptly verify said facts and upon verification shall treat the claim as a covered claim and pay it within ninety days in accordance with the provisions of paragraph (c) of section eighteen.

(4) If the insolvency fund fails to act within a reasonable period of time as provided in subsections (2) and (3), the commissioner shall have the powers and duties of the insolvency fund with respect to impaired or insolvent licensees:

(5) The insolvency fund may render assistance and advice to the commissioner, upon his request, concerning rehabilitation, payment of claims or the performance of other contractual obligations of any impaired or insolvent licensee.

(6) The insolvency fund shall have standing to appear before any court with jurisdiction over an impaired or insolvent licensee in any proceeding concerning matters for which the insolvency fund is or may become obligated under this chapter. Such standing shall extend to all matters germane to the powers and duties of the insolvency fund, including, but not limited to, proposals for insuring, modifying or guaranteeing the covered claims or potential covered claims of the impaired or insolvent licensee and the adjudication of the covered claims or potential covered claims. The insolvency fund shall also have the right to appear or intervene before any court with jurisdiction over a third party against whom the insolvency fund may have rights through subrogation, contribution or otherwise.

Section 20. (1) Any person receiving payment of a covered claim or potential covered claim under this chapter shall be deemed to have assigned the rights to, and any causes of action relating to the covered claim or potential covered claim to the insolvency fund to the extent of the benefits received under this chapter. The insolvency fund may require an assignment to it of such rights and cause of action by any payee as a condition precedent to the receipt of any right or benefits conferred upon such person. The insolvency fund shall be subrogated to the rights and cause of action of any such payee against the assets of the insolvent licensee.

(2) The subrogation and contribution rights of the insolvency fund under this subsection shall have the same priority against the assets of the impaired or insolvent licensee as that possessed by the person entitled to receive said benefits.

(3) In addition to paragraphs (1) and (2), the insolvency fund shall have all common law and statutory rights of subrogation, contribution and any other equitable or legal remedy which would have been available to the impaired or insolvent licensee or claimant with respect to such claim.

Section 21. (1) The insolvency fund, subject to the supervisory authority of the commissioner and as provided in the plan of operation, may:

(a) enter into such contracts as are necessary or proper to carry out the provisions and purposes of this chapter;

(b) sue or be sued, including taking any legal actions necessary or proper for recovery of any unpaid assessments;

(c) borrow money to effect the purposes of sections fifteen to thirty, inclusive;

(d) employ or retain such persons as are necessary to handle the financial transactions of the insolvency fund and to perform such other functions as become necessary or proper;

(e) take such legal action as may be necessary to avoid payment of improper claims.

(2) The insolvency fund may join an organization of one or more other state funds or associations of similar purposes, to further the purposes and administer the powers and duties of the insolvency fund.

Section 22. (1) For the purpose of providing the funds necessary to carry out the powers and duties of the insolvency fund, the board of directors shall assess the generators at such time and for such amounts as the board

finds necessary. Assessments shall be due not less than sixty days after prior written notice to the generator and shall accrue interest at twelve and one-half cent per annum on and after the due date. Failure without just cause to pay any lawful assessment pursuant to this section and in accordance with the plan shall constitute a violation of this chapter.

(2) There shall be two classes of assessments, as follows:

(a) Class A assessments shall be made for the purpose of meeting administrative costs and other expenses. Class A assessments may be made whether or not related to a particular impaired or insolvent licensee.

(b) Class B assessments shall be made to the extent necessary to carry out the powers and duties of the insolvency fund under section nineteen with regard to an impaired or insolvent licensee.

(3) The amount of any Class A assessment shall be determined by the board and may be made on a pro rata or non-pro rata basis. If pro rata, the board may provide that it be credited against future Class B assessments. A non-pro rata assessment shall not exceed one hundred and fifty dollars per generator in any one calendar year.

(4) Class B assessments against generators shall be made pro rata in the proportion that the gallons of liquid hazardous waste or pounds of solid hazardous waste generated in the commonwealth by each assessed generator during the calendar year preceding the assessment bears to the total of such wastes generated by all generators in the commonwealth for the calendar year preceding the assessment. For purposes of this assessment, the department of environmental quality engineering shall, at the request of the insolvency fund, determine the amount of such wastes in total and for each generator. One gallon of liquid hazardous waste shall be considered the equivalent of eight pounds of solid hazardous waste for purposes of calculating the assessment.

(5) Assessments for funds to meet the requirements of the insolvency fund with respect to an impaired or insolvent licensee shall not be made until necessary to implement the purposes of sections fifteen to thirty, inclusive. Classification and computation of assessments under this subsection shall be made expeditiously and with reasonable accuracy, recognizing that exact determinations may not always be possible.

(6) The insolvency fund may abate or defer, in whole or in part, the assessment of a generator if, in the opinion of the board, payment of the

assessment would endanger the ability of the generator to continue in operation. In the event an assessment against a generator is abated, or deferred in whole or in part, the amount by which such assessment is abated or deferred may be assessed against the other generators in a manner consistent with the basis for assessments set forth in this section.

(7) The total of all assessments upon a generator shall not in any one calendar year exceed ten per cent of such generator's average annual gross revenues received in the commonwealth during the three calendar years preceding the assessment. If the maximum assessment, together with the other assets of the insolvency fund, does not provide in any one year an amount sufficient to carry out the responsibilities of the insolvency fund, the necessary additional funds shall be assessed as soon thereafter as permitted by sections fifteen to thirty, inclusive.

(8) The board may, by an equitable method as established in the plan of operation, refund to generators, in proportion to the contribution of each generator to the insolvency fund, the amount by which the assets of the insolvency fund exceed the amount the board finds is necessary to carry out during the coming year the obligations of the insolvency fund, including any assets accruing from assignment, subrogation, net realized gains and income from investments. A reasonable amount may be retained to provide funds for the continuing expenses of the insolvency fund and for future losses.

Section 23. (1) The insolvency fund shall submit to the commissioner a plan of operation and any amendments thereto necessary or suitable to assure the fair, reasonable and equitable administration of the insolvency fund. The plan of operation and any amendments thereto shall become effective upon approval by the commissioner.

(2) If the insolvency fund fails to submit a plan of operation acceptable to the commissioner within one hundred and eighty days after the organization of the board of directors, or if at any time thereafter the insolvency fund fails to submit acceptable amendments to the plan, the commissioner shall, after notice and hearing, adopt and promulgate such reasonable rules necessary to effectuate the provisions of sections fifteen to thirty, inclusive. Such rules shall continue in force until modified by the commissioner or superseded by a plan submitted by the insolvency fund and approved by the commissioner.

- (a) All generators shall comply with the plan of operation.
- (b) The plan of operation shall, in addition to requirements enumerated elsewhere:

- (1) establish procedures for handling the assets of the insolvency fund,
- (2) establish the amount, if any, and method of reimbursing members of the board of directors under section seventeen,
- (3) establish regular places and times for meetings of the board of directors,
- (4) establish procedures for records to be kept of all financial transactions of the insolvency fund, its agents, and the board of directors,
- (5) establish any additional procedures for assessments under section twenty-one,
- (6) contain additional provisions necessary or proper for the execution of the powers and duties of the insolvency fund.

Section 24. Any action of the board of directors or the insolvency fund may be appealed to the commissioner by any generator or any person adversely affected thereby, if such appeal is taken within thirty days of the action being appealed. If a generator is appealing an assessment, the amount assessed shall be paid to the insolvency fund and available to meet insolvency fund obligations during the pendency of an appeal. If the appeal on the assessment is upheld, the amount paid in error or excess shall be returned to the generator. Any final action or order of the commissioner shall be subject to judicial review, pursuant to chapter thirty A.

Section 25. To aid in the detection and prevention of licensee insolvencies or impairments:

- (1) The commissioner may seek the advice and recommendations of the board of directors concerning any matter affecting his duties and responsibilities regarding the financial condition of licensees.
- (2) The board of directors may, upon majority vote, make reports and recommendations to the commissioner upon any matter germane to the solvency, liquidation, rehabilitation or conservation of any licensee. Such reports and recommendations shall not be subject to public examination or copying under chapter sixty-six.
- (3) It shall be the duty of the board of directors, upon majority vote, to notify the commissioner of any information indicating any licensee may be an impaired or insolvent licensee.
- (4) The board of directors may, upon majority vote, request that the commissioner order an examination of any licensee which the board in good faith believes may be an impaired or insolvent licensee. Within thirty days of the

receipt of such request, the commissioner shall begin such examination. The examination may be conducted by such persons as the commissioner designates. The licensee shall provide complete access to all its books and records to the commissioner or his designee for purposes of said examination. The cost of such examination shall be paid by the insolvency fund. In no event shall the examination report be released to the public or to the board of directors without the consent of the licensee. The commissioner shall notify the board of directors when the examination is completed. The request for an examination and any examination report shall be kept on file by the commissioner, but it and the examination report shall not be open to public inspection without the consent of the licensee.

(5) The board of directors may, upon majority vote, make recommendations to the commissioner for the detection and prevention of licensee insolvencies.

(6) The board of directors shall, promptly after payment of any covered claims by the association, prepare a report to the commissioner containing such information as it may have in its possession bearing on the history and causes of the licensee's insolvency.

Section 26. (1) Records shall be kept of all negotiations and meetings in which the insolvency fund or its representatives are involved to discuss the activities of the insolvency fund in carrying out its powers and duties. Records of such negotiations or meetings shall be made public only upon the termination of a bankruptcy, liquidation, rehabilitation, or conservation proceeding involving the impaired or insolvent licensee, upon the termination of the impairment or insolvency of the licensee, or upon the order of a court of competent jurisdiction. Nothing in this section shall limit the duty of the insolvency fund to render a report of its activities under section twenty-seven.

(2) For the purposes of this chapter, the insolvency fund shall be deemed to be a creditor of the impaired or insolvent licensee to the extent of any amounts to which the association is entitled as subrogee. Assets of the impaired or insolvent licensee, wherever located, shall be used to pay all covered claims against the impaired or insolvent licensee as required.

Section 27. The insolvency fund shall be subject to examination and regulation by the commissioner. The board of directors shall submit to the commissioner each year, not later than one hundred and twenty days after the end of the insolvency fund's fiscal year, a report of its activities during the

preceding fiscal year, and for any year in which it expended, received or held any funds, in which it incurred any financial obligations or in or before which it received a notice of any potential covered claim, a financial report in a form approved by the commissioner.

Section 28. The insolvency fund shall be exempt from payment of all taxes levied by the commonwealth or any of its subdivisions, except taxes levied on real property.

Section 29. Until such time as the insolvency fund ceases to exist, the commissioner of the department of environmental quality engineering is hereby authorized to make an annual assessment against each licensee in an amount determined and certified by said commissioner as necessary to cover the costs incurred by the department and the division of insurance in carrying out their responsibilities relative to the administration of the insolvency fund pursuant to sections fifteen to thirty, inclusive. Said estimated assessment shall be allocated among all such licensees in a proportion deemed by the commissioner of said department to represent each licensee's pro rata share of the total amount of hazardous waste collection, treatment, disposal and storage within the commonwealth. Said assessment shall be paid to said commissioner of said department within thirty days of the date of the notice from said commissioner of such assessment. Failure without just cause to pay such assessment shall constitute a violation of this chapter. Prior to any such assessment the commissioner of insurance shall determine and certify to the commissioner of the department of environmental quality engineering the costs incurred by the division of insurance in carrying out its responsibilities relative to the administration of the insolvency fund.

Section 30. In the event that the monies in the insolvency fund are insufficient to provide for the purposes set forth in section eighteen, no claimant or any other person shall have any right to require the payment of funds or to compel any other action with respect to such occurrence by the commonwealth or by any agency thereof. Neither the commonwealth nor any agency thereof shall be liable for civil damages arising from any action taken in accordance with the provisions of sections fifteen to thirty, inclusive.

SECTION 2. Sections fifteen to thirty, inclusive of chapter twenty-one C of the General Laws are hereby repealed.

SECTION 3. In implementing and enforcing the financial responsibility provisions of chapter twenty-one C of the General Laws, the department of

environmental quality engineering shall take into consideration the provisions of this act and all actions taken pursuant to this act, and require such licensee to provide evidence of financial responsibility in a reasonable amount, in addition to that provided by the insolvency fund.

SECTION 4. If the insolvency fund or the commissioner have received no notice of the filing of an action pursuant to section nineteen of chapter twenty-one C of the General Laws on or before July first, nineteen hundred and eighty-seven, the insolvency fund shall cease to exist.

SECTION 4A. There is hereby established a special commission to consist of four members of the senate, four members of the house of representatives, the secretary of environmental affairs or his designee, the secretary of consumer affairs or his designee, one person to be designated by the associated industries of Massachusetts, a representative of the liability insurance industry, a representative of the hazardous waste industry and a representative of an environmental protection association, and four persons to be appointed by the governor for the purpose of making an investigation and study of hazardous waste insurance which shall study the availability and cost of liability insurance for hazardous waste facilities in the commonwealth and potential solutions to any problems of unavailability or unaffordability of such insurance.

Said commission shall report the results of its investigation and study and its recommendations, if any, together with drafts of legislation necessary to carry such recommendations into effect, by filing the same with the clerk of the senate on or before July first, nineteen hundred and eighty-six. Said clerk shall forward copies of said report to the joint committee on insurance and the house and senate committees on ways and means.

SECTION 5. Nothing in this act shall be construed to diminish or alter in any way the periods of limitations of actions set forth in chapter two hundred and sixty of the General Laws.

SECTION 6. Section one of this act shall take effect as of January first, nineteen hundred and eighty-six and section two shall take effect on July first, nineteen hundred and eighty-seven.

House of Representatives, March 31, 1986.

Preamble adopted,

George Levere and

, Speaker.

In Senate, March 31, 1986.

Preamble adopted,

William M. Bulger

, President.

House of Representatives, March 31, 1986.

Bill passed to be enacted,

George Levere and

, Speaker.

In Senate, March 31, 1986.

Bill passed to be enacted,

William M. Bulger

, President.

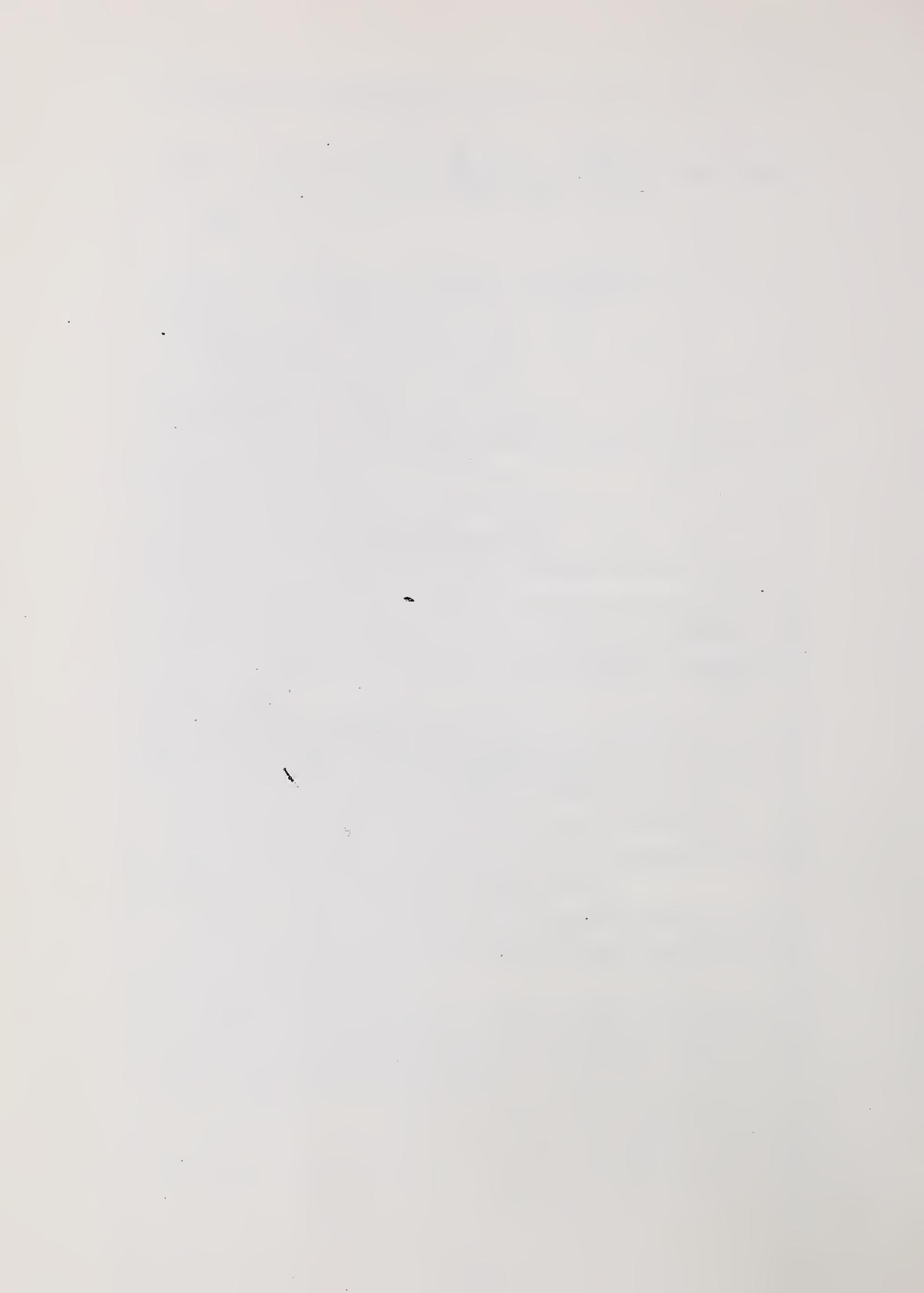
March 31, 1986.

Approved,

at Five o'clock and 00 minutes, P. M.

Acting Governor.

Michael Joseph Connelly



Chapter 37

THE COMMONWEALTH OF MASSACHUSETTS

*In the Year One Thousand Nine Hundred and Eighty-six***AN ACT RELATIVE TO MEDICAL MALPRACTICE INSURANCE PREMIUM CHARGES.**

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Section 1 of chapter 671 of the acts of 1985 is hereby amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

Premium charges with respect to policies of medical malpractice insurance for physicians and surgeons issued by the Joint Underwriting Association or any insurance company on or after July first, nineteen hundred and eighty-four shall be subject, effective July first, nineteen hundred and eighty-six, to the provisions of section five A of chapter one hundred and seventy-five A of the General Laws.

House of Representatives, April 29, 1986.

Passed to be enacted,

George Taveniarid, Speaker.

In Senate, April 30, 1986.

Passed to be enacted,

William F. Bulger, President.

April 30, 1986.

Approved,

Michael J. Dukakis, Governor.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE • BOSTON 02133

MICHAEL S. DUKAKIS
GOVERNOR

April 30, 1986

The Honorable Michael Joseph Connolly
Secretary of the Commonwealth
State House, Room 340
Boston, MA 02133

Dear Secretary Connolly:

I, Michael S. Dukakis, pursuant to the provisions of Article XLVIII of the Amendments of the Constitution, the Referendum II, Emergency Measures, hereby declare, in my opinion, the immediate preservation of the public peace, health, safety or convenience requires that the attached Act, Chapter 37 of the Acts of 1986, entitled "An Act Relative To Medical Malpractice Insurance Premium Charges", the enactment of which received my approval on April 30, 1986, should take effect forthwith.

I further declare that in my opinion said law and the facts constituting the emergency are as follows:

It is in the public interest that this Act take effect immediately in order to promote public health.

Sincerely,

Michael S. Dukakis
Governor

MSD:my
Attachment

OFFICE OF THE SECRETARY,

Boston,

April 30, 1986.

I, Michael Joseph Connolly, Secretary of State, hereby certify that the accompanying statement was filed in this Office by His Excellency the Governor of the Commonwealth of Massachusetts at twelve o'clock and thirty-four minutes, P. M., on the above date, and in accordance with Article Forty-eight of the Amendments to the Constitution said Chapter takes effect forthwith, being chapter thirty-seven of the Acts of nineteen hundred and eighty-six.

Michael Joseph Connolly
MICHAEL JOSEPH CONNOLLY,
Secretary of State.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER PROTECTING THE CONFIDENTIALITY OF PATIENTS RECEIVING HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 135 of chapter 112 of the General Laws, as amended by chapter 524 of the acts of 1985, is hereby further amended by adding the following paragraph:-

The provision of information acquired by a social worker in any licensed category from persons consulting him in his professional capacity, to any insurance company, nonprofit hospital service corporation, medical service corporation, or health maintenance organization, or to a board established pursuant to section twelve of chapter one hundred and seventy-six B, pertaining to the administration or provision of benefits, including utilization review or peer review, provided for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions, shall not constitute a waiver or breach of any right to which a person consulting said social worker is otherwise entitled under this section.

SECTION 2. Chapter 175 of the General Laws is hereby amended by inserting after section 108D the following section:-

Section 108E. No company may, without the express and informed written consent of its insured or a covered family member of the insured, disclose any information it may have acquired from or about any such insured or covered family member pertaining to the administration of benefits provided for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions; provided, however, that:

(a) no such written consent from such subscriber or covered family member shall be made a condition of the receipt of such benefits or any other benefits for which the insured is covered under any blanket or general policy of insurance described in subdivision (A), (C), or (D) of section one hundred and ten;

(b) nothing contained in this section shall prohibit the disclosure of any information held by such company which is not privileged pursuant to section one hundred and thirty-five of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three;

(c) a company shall not be prohibited from disclosing aggregate patient data if such data contains no information personally identifying any insured or family member of the insured;

(d) a company shall not be prohibited from disclosing patient utilization data to a law enforcement authority, a state board of registration, or a court of competent jurisdiction if the company, a law enforcement authority, or a state board of registration has reason to believe (i) a patient is committing or has committed fraud, or (ii) a provider is committing or has committed fraud or professional misconduct related to the provision of such diagnosis or treatment;

(e) nothing contained herein shall prohibit a company from using or disclosing patient information for coordination of benefits, subrogation, peer review or utilization review. For the purposes of this clause the term "coordination of benefits" shall mean the determination of primary and secondary responsibility for the payment of a claim between or among two or more insurers providing the same or similar coverage to an insured. Nothing contained herein shall prohibit a company from disclosing patient or provider identifiers to a self-insured plan administered by said company; provided, however, that such identifiers shall be used only for purposes of billing and audit; or

(f) nothing contained herein shall prohibit a company from disclosing patient information to an account which is self-insured in whole or in part, and administered by such company for research to be conducted by the account; provided, however, that no patient shall be the subject of such research without having first been notified by the account in writing of the scope and purpose of the research. Such written notice shall clearly state that the patient will not be a participant in any such research and will not be penalized in any way if the patient elects in writing to be excluded. Any research conducted by an account under this clause shall maintain the confidentiality of all identifiable patient information.

SECTION 3. Chapter 176A of the General Laws is hereby amended by inserting after section 14A the following section:-

Section 14B. No nonprofit hospital service corporation may, without the express and informed written consent of its subscriber or a covered family member of its subscriber, disclose any information it may have acquired from or about any such subscriber or covered family member pertaining to the administration of benefits provided for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions; provided, however, that:

(a) no such written consent from such subscriber or covered family member shall be made a condition of the receipt of such benefits or any other benefits for which the insured subscribes;

(b) nothing contained herein shall prohibit the disclosure of any information held by such nonprofit hospital service corporation which is not privileged pursuant to section one hundred and thirty-five of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three;

(c) a nonprofit hospital service corporation shall not be prohibited from disclosing aggregate patient data if such data contains no information personally identifying any insured or family member of the insured;

(d) a nonprofit hospital service corporation shall not be prohibited from disclosing patient utilization data to a law enforcement authority, a state board of registration, or a court of competent jurisdiction if the nonprofit hospital service corporation, a law enforcement authority, or a state board of registration has reason to believe (i) a patient is committing or has committed fraud, or (ii) a provider is committing or has committed fraud or professional misconduct related to the provision of such diagnosis or treatment;

(e) nothing contained herein shall prohibit a nonprofit hospital service corporation, from using or disclosing patient information for coordination of benefits, subrogation, peer review or utilization review. For the purposes of this clause the term "coordination of benefits" shall mean the determination of primary and secondary responsibility for the payment of a claim between or among two or more insurers providing the same or similar coverage to an insured. Nothing contained herein shall prohibit a nonprofit hospital service corporation from disclosing patient or provider identifiers to a self-insured plan administered by said nonprofit hospital service corporation; provided, however, that such identifiers shall be used only for purposes of billing and audit; or

(f) nothing contained herein shall prohibit a nonprofit hospital service corporation from disclosing patient information to an account which is self-insured in whole or in part, and administered by such corporation for research to be conducted by the account; provided, however, that no patient shall be the subject of such research without having first been notified by the account in writing of the scope and purpose of the research. Such written notice shall clearly state that the patient will not be a participant in such research and will not be penalized in any way if the patient elects in writing to be excluded. Any research conducted by an account under this clause shall maintain the confidentiality of all identifiable patient information.

SECTION 4. Section 12 of chapter 176B of the General Laws is hereby amended by adding the following paragraph:-

Any dispute or controversy arising between a medical service corporation and any participating psychiatrist, psychologist or social worker licensed under the laws of the commonwealth, or any subscriber, which is submitted by any aggrieved person to a board established pursuant to the provisions of this section shall be heard by such board in such a manner as to protect the privacy of all patient information which is the subject of such dispute or controversy or which comes to the attention of the board in its review. In furtherance of the protection of such privacy a board may and is hereby authorized to exclude the public during its hearing and deliberation of such cases.

SECTION 5. Said chapter 176B is hereby further amended by adding the following section:-

Section 20. No medical service corporation may, without the express and informed written consent of its subscriber or a covered family member of its subscriber, disclose any information it may have acquired from or about any such subscriber or covered family member pertaining to the administration of benefits provided for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions; provided, however, that:

(a) no such written consent from such subscriber or covered family member shall be made a condition of the receipt of such benefits or any other benefits for which the insured subscribes;

(b) nothing contained herein shall prohibit the disclosure of any information held by such medical service corporation which is not privileged pursuant to section one hundred and thirty-five of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three;

(c) a medical service corporation shall not be prohibited from disclosing aggregate patient data if such data contains no information personally identifying any insured or family member of the insured;

(d) a medical service corporation shall not be prohibited from disclosing patient utilization data to a law enforcement authority, a state board of registration, or a court of competent jurisdiction if the medical service corporation, a law enforcement authority, or a state board of registration has reason to believe (i) a patient is committing or has committed fraud, or (ii) a provider is committing or has committed fraud or professional misconduct related to the provision of such diagnosis or treatment;

(e) nothing contained herein shall prohibit a medical service corporation from using or disclosing patient information for coordination of benefits, subrogation, peer review or utilization review. For the purposes of this clause the term "coordination of benefits" shall mean the determination of primary and secondary responsibility for the payment of a claim between or among two or more insurers providing the same or similar coverage to an insured. Nothing contained herein shall prohibit a medical service corporation from disclosing patient or provider identifiers to a self-insured plan administered by said medical service corporation; provided, however, that such identifiers shall be used only for purposes of billing and audit; or

(f) that nothing contained herein shall prohibit a medical service corporation from disclosing patient information to an account which is self-insured in whole or in part, and administered by such corporation for research conducted by the account; provided, however, that no patient shall be the subject of such research without having first been notified by the account in writing of the scope and purpose of the research. Such written notice shall clearly state that the patient will not be a participant in any such research and will not be penalized in any way if the patient elects in writing to be excluded. Any research conducted by an account under this clause shall maintain the confidentiality of all identifiable patient information.

SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after section 4A the following section:-

Section 4B. No health maintenance organization may, without the express and informed written consent of a member, disclose any information it may have acquired from or about such member pertaining to the administration of benefits provided for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions; provided, however, that:

(a) no such written consent shall be made a condition of the receipt of such benefits or any other benefits for which the member is otherwise covered;

(b) nothing contained herein shall prohibit the disclosure of any information held by such health maintenance organization which is not privileged pursuant to section one hundred and thirty-five of chapter one hundred and twelve or section twenty B of chapter two hundred and thirty-three;

(c) a health maintenance organization shall not be prohibited from disclosing aggregate patient data if such data contains no information personally identifying any member;

(d) a health maintenance organization shall not be prohibited from disclosing patient utilization data to a law enforcement authority, a state board of registration, or a court of competent jurisdiction if the health maintenance organization, a law enforcement authority, or a state board of registration has reason to believe (i) a patient is committing or has committed fraud, or (ii) a provider is committing or has committed fraud or professional misconduct related to the provision of such diagnosis or treatment;

(e) nothing contained herein shall prohibit a health maintenance organization from using or disclosing patient information for coordination of benefits, subrogation, peer review or utilization review. For the purposes of this clause the term "coordination of benefits" shall mean the determination of primary and secondary responsibility for the payment of a claim between or among two or more insurers providing the same or similar coverage to an insured. Nothing contained herein shall prohibit a health maintenance organization from disclosing patient or provider identifiers to a self-insured plan administered by said health maintenance organization; provided, however, that such identifiers shall be used only for purposes of billing and audit;

(f) nothing contained herein shall prohibit a health maintenance organization from disclosing patient information to an account which is self-insured in whole or in part, and administered by such organization for research to be conducted by the account; provided, however, that no patient shall be the subject of such research without having first been notified by the account in writing of the scope and purpose of the research. Such written notice shall clearly state that the patient will not be a participant in any such research and will not be penalized in any way if the patient elects in writing to be excluded. Any research conducted by an account under this clause shall maintain the confidentiality of all identifiable patient information.

SECTION 7. Section 20B of chapter 233 of the General Laws is hereby amended by adding the following paragraph:-

The provision of information acquired by a psychotherapist relative to the diagnosis or treatment of a patient's emotional condition, to any insurance company, nonprofit hospital service corporation, medical service corporation, or health maintenance organization, or to a board established pursuant to section twelve of chapter one hundred and seventy-six B, pertaining to the administration or provision of benefits, including utilization review or peer review, for expenses arising from the out-patient diagnosis or treatment, or both, of mental or nervous conditions, shall not constitute a waiver or breach of any right to which said patient is otherwise entitled under this section.

House of Representatives, June 25, 1986.

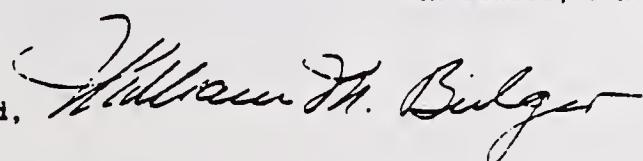
Passed to be enacted,



, Speaker.

In Senate, June 26, 1986.

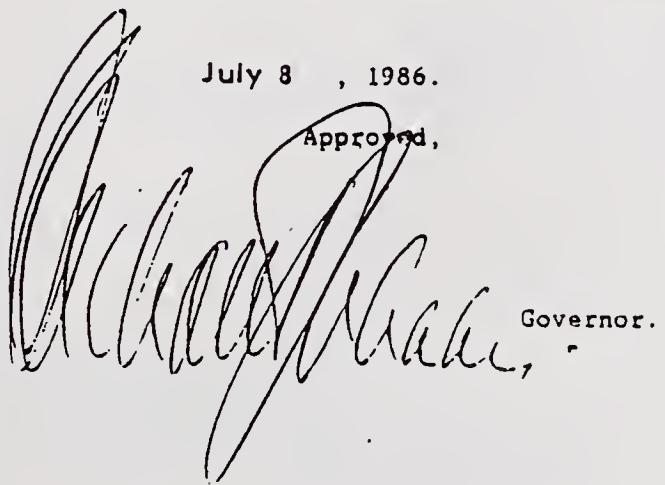
Passed to be enacted,



, President.

July 8, 1986.

Approved,



Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO GROUP INSURANCE COVERAGE FOR DIRECTORS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

The third paragraph of section 36 of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the word "employees", in line 18, the following words:- and directors.

House of Representatives, June 26, 1986.

Passed to be enacted,

George Kuvian, Speaker.

In Senate, June 26, 1986.

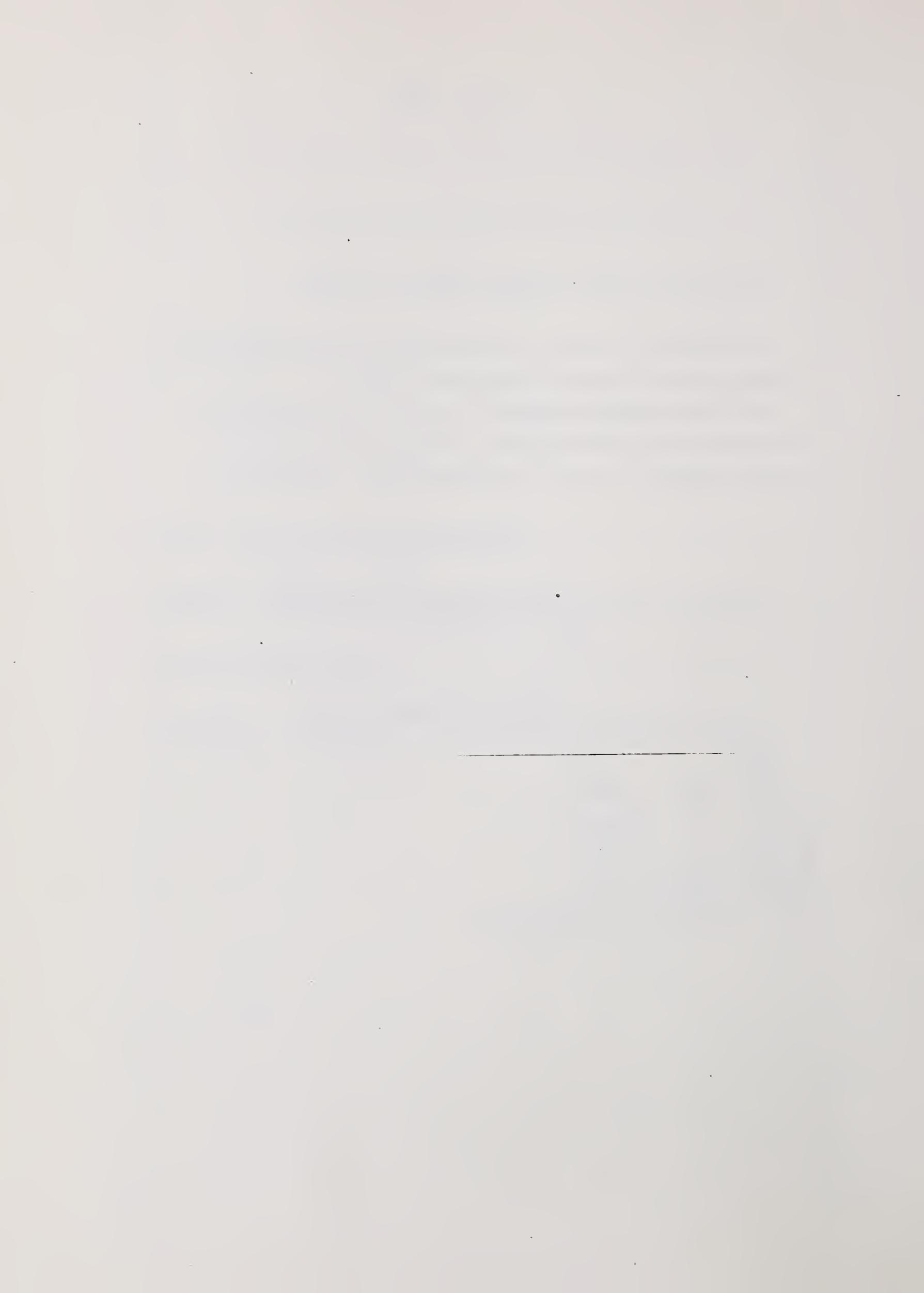
Passed to be enacted,

William F. Bulger, President.

July 8

1986.
Approved,

William F. Weld, Governor.



THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT AUTHORIZING THE SALEM FIREMEN'S RELIEF ASSOCIATION TO PAY CERTAIN BENEFITS TO ITS MEMBERS UPON THEIR RETIREMENT.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Notwithstanding any general or special law to the contrary, the Salem Firemen's Relief Association, a corporation duly established under the laws of the commonwealth, is hereby authorized to make, to any member in good standing at the time of said members regular or disability retirement, at the members option, a one time lump sum payment of money, equal to the death benefit in effect at that time.

Any member who accepts the option to receive such payment, in lieu of the death benefit, shall cease to be a member of the association, as of the date of such payment.

Said member shall make application for such payment within sixty days of said members official retirement date.

Presently retired members shall have the option to make such application within sixty days of the effective date of this act.

House of Representatives, July 8, 1986.

Passed to be enacted,

George Keverian, Speaker.

In Senate, July 8, 1986.

Passed to be enacted,

William F. Bulger, President.

July 16, 1986

Approved,

William F. Galvin
Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE PAYMENT OF DEATH AND DISABILITY BENEFITS BY THE TAUNTON POLICE MUTUAL BENEFIT ASSOCIATION, INC.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Notwithstanding the provisions of any general or special law to the contrary, the Taunton Police Mutual Benefit Association, Inc., a corporation duly established under the provisions of chapter one hundred and seventy-six of the General Laws is hereby authorized to pay to the designated beneficiary of any regular permanent member or retired member, death benefits not exceeding fifteen thousand dollars, and to any regular permanent member or retired member, disability benefits not exceeding five hundred dollars per week.

House of Representatives, July 8, 1986.

Passed to be enacted,

George F. Leverett, Speaker.

In Senate, July 8, 1986

Passed to be enacted,

William M. Bulger, President

July 16, 1986.

Approved,

Michael P. Dukakis
Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE PAYMENT BY THE FALL RIVER POLICE RELIEF ASSOCIATION OF SUMS OF MONEY TO RETIRED MEMBERS OF THE ASSOCIATION AND AUTHORIZING THE PAYMENT OF CERTAIN DEATH BENEFITS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 194 of the acts of 1959 is hereby amended by striking out the first sentence, as most recently amended by chapter 359 of the acts of 1984, and inserting in place thereof the following sentence:- The Fall River Police Relief Association, a corporation duly established under the laws of the commonwealth, is hereby authorized, upon the retirement of any member in good standing from the police department of the city of Fall River to pay such member such sum, not exceeding four thousand dollars, as may be determined by vote of the board of directors of said corporation.

House of Representatives, July 8, 1986.

Passed to be enacted,

George Tuerck, Speaker.

In Senate, July 8, 1986.

Passed to be enacted,

William H. Bulger, President.

July 16, 1986.

Approved,

Michael Dukakis, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE BROOKLINE POLICE MUTUAL AID ASSOCIATION.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

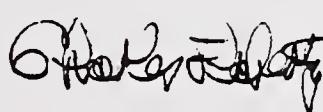
SECTION 1. Chapter 67 of the acts of 1922 is hereby amended by striking out section 1, as amended by chapter 68 of the acts of 1955, and inserting the following section:-

Section 1. The Brookline Police Mutual Aid Association, a corporation duly established by law, is hereby authorized, acting by its board of directors, to pay or cause to be paid from its treasury to any member in good standing, upon the death of their spouse, a sum; not to exceed one thousand dollars.

SECTION 2. This act shall take effect upon its passage.

House of Representatives, July 11, 1986.

Passed to be enacted,

 Acting Speaker.

In Senate, July 11, 1986.

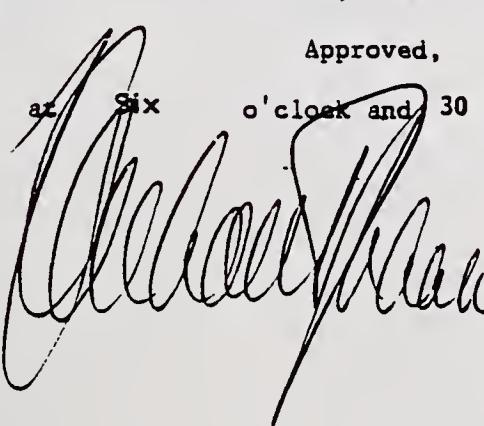
Passed to be enacted,

 William F. Bulger, President.

July 21, 1986.

Approved,

at Six o'clock and 30 minutes, P. M.

 Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

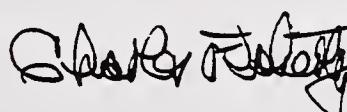
AN ACT AUTHORIZING THE GRAND LODGE OF MASSACHUSETTS ORDER SONS OF ITALY IN AMERICA TO GRANT INCREASED DEATH BENEFITS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Section 1 of chapter 413 of the acts of 1966 is hereby amended by striking out, in line 9, the word "twenty-five" and inserting in place thereof the words:- one hundred.

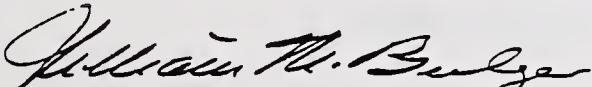
House of Representatives, July 11, 1986.

Passed to be enacted,

 Acting Speaker.

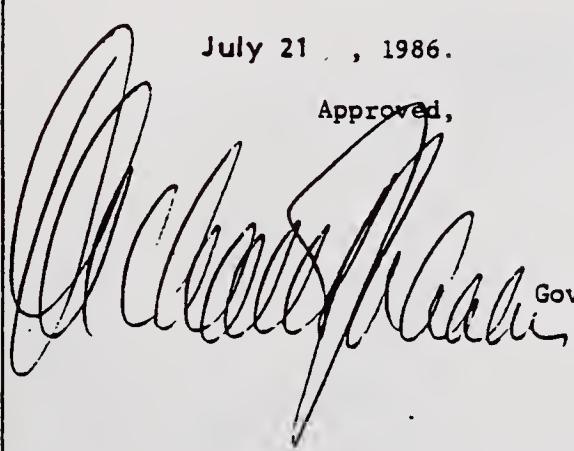
In Senate, July 11, 1986.

Passed to be enacted,

 President.

July 21, 1986.

Approved,

 Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING THE AMOUNT OF INTEREST CERTAIN INSURANCE COMPANIES MAY CHARGE ON CERTAIN MOTOR VEHICLE INSURANCE.

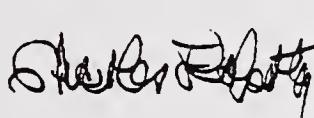
Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 175 of the General Laws is hereby amended by inserting after section 193B, as appearing in the 1984 Official Edition, the following section:-

Section 193B 1/2. Any insurance company which accepts payments of motor vehicle insurance premiums in installments shall calculate the interest charge only on the unpaid balance due as of the billing date.

House of Representatives, July 11, 1986.

Passed to be enacted,

 Acting Speaker.

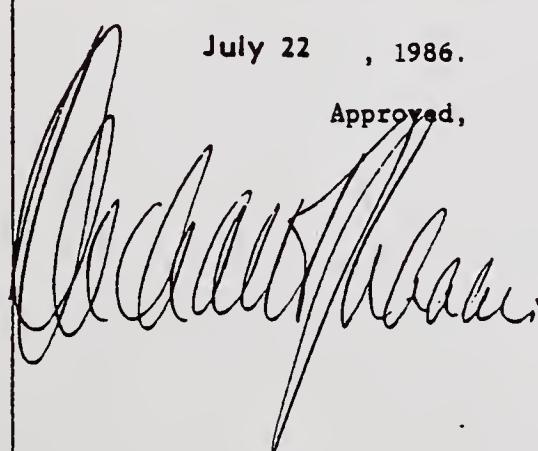
In Senate, July 11, 1986.

Passed to be enacted,

 President.

July 22, 1986.

Approved,

 Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO MEDICAL MALPRACTICE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 9 of chapter 6A of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the word "therein", in line 8, the words:- the board of registration in medicine.

SECTION 2. Section 32 of said chapter 6A, as so appearing, is hereby amended by inserting after the fourth paragraph the following four paragraphs:-

In determining rates to be paid to providers of health care services, by governmental units, and by insurers under chapter one hundred and fifty-two, the commission shall adjust such rates effective July first, nineteen hundred and eighty-seven and each July first thereafter through and including July first, nineteen hundred and ninety-one, for changes in medical malpractice insurance premiums fixed and established pursuant to section five A of chapter one hundred and seventy-five A for such providers of health care services.

The total adjustments shall be sufficient to generate, over a twelve-month period, additional payments to physicians or dentists equal to the total dollar increase in medical malpractice insurance premium charges over the charges which were in effect prior to the decision to fix and establish new premium charges, multiplied by the following fraction: (a) The numerator shall be the per cent of total revenues for physicians, or dentists, which are paid by governmental units as to which the rates of payment are fixed and established by the rate setting commission pursuant hereto, plus the per cent of total revenues for physicians, or dentists, which are paid by insurers under chapter one hundred and fifty-two; and (b) The denominator shall be one hundred per cent minus the per cent of total revenues for physicians, or dentists, paid by medical service corporations under policies providing supplemental coverage to health insurance under Title XVIII of the Social Security Act. The per cent amounts specified for the numerators and denominators above, and the amount of

the total dollar increase in medical malpractice insurance premium charges shall be the amounts determined by the commissioner of insurance pursuant to section five B of chapter one hundred and seventy-five A. In the event that medical malpractice insurance premium charges decrease, negative adjustments shall be made pursuant to the same formula.

The adjustments shall take effect with the next routinely-scheduled change in payments or rates following the change in medical malpractice insurance premiums. The commission shall make available a list of the adjustments, by procedure or procedure code, that have been made pursuant to this paragraph.

Whenever the premiums or rates of worker's compensation insurance are subject to regulation of the commissioner of insurance, the commissioner shall allow such insurer to include within its premiums, rates or subscription charges such adjusted payments, effective as of the date that such adjusted payments were first implemented.

SECTION 3. Chapter 13 of the General Laws is hereby amended by inserting after section 10 the following section:-

Section 10A. The secretary of consumer affairs and business regulation shall have authority to review and approve rules and regulations proposed by the board of medicine. Such regulations will be deemed approved unless disapproved within fifteen days of submission to the secretary; provided, however, that any such disapproval shall be in writing setting forth the reasons for such disapproval.

SECTION 4. Chapter 26 of the General Laws is hereby amended by inserting after section 8H the following section:-

Section 8I. There shall be established within the division of insurance a medical malpractice analysis bureau which will analyze and collect data and advise the commissioner of insurance on requests filed by the medical malpractice joint underwriting association for changes in premiums or rates, on matters relating to the adjustment of payments made by medical service corporations for changes in medical malpractice premium charges and any resulting increases or decreases in premiums, rates or subscription charges collected by the medical service corporations. The medical malpractice analysis bureau shall employ at least the following persons: an actuary, an attorney, a person with expertise in the area of health care systems and policies, two senior actuarial assistants and such secretarial and clerical assistance as shall be necessary to carry out the purposes of this section. The commissioner shall

appoint all the employees of the bureau. The employees of the bureau shall be exempt from the provisions of section nine A of chapter thirty and chapter thirty-one and shall serve at the pleasure of the commissioner.

The commissioner of insurance is hereby authorized to make an assessment against the medical malpractice joint underwriting association to pay for the expenses of the bureau. Said assessment shall be made at a rate sufficient to produce five hundred thousand dollars annually; provided, however, that if the commissioner of insurance shall fail to expend for the costs and expenses of the medical malpractice analysis bureau in any fiscal year the total amount of five hundred thousand dollars for the purposes set forth in this section, any amount unexpended in such fiscal year shall be credited against the assessment to be made in the following year, and the assessment in the following year shall be reduced by such unexpended amount. Assessments under this section may be credited to the normal operating costs of the joint underwriting association. The funds produced by said assessments shall be expended by the division of insurance, in addition to any other funds which may be appropriated, to assist in defraying the general operating expenses of the medical malpractice analysis bureau and may be used to compensate consultants retained by the bureau. The assessments shall be collected by the commissioner of insurance, and the joint underwriting association shall pay the amount assessed against it within thirty days after the date of the notice of assessment from the commissioner of insurance.

SECTION 5. Section 1 of chapter III of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the definition of "Farming" or "Agriculture" the following definition:-

"Health care provider", any doctor of medicine, osteopathy, or dental science, or a registered nurse licensed under the provisions of chapter one hundred and twelve, or an intern, or a resident, fellow, or medical officer licensed under section nine of said chapter one hundred and twelve, or a hospital, clinic or nursing home licensed under the provisions of chapter one hundred and eleven and its agents and employees.

SECTION 6. Said section 1 of said chapter III, as so appearing, is hereby further amended by inserting after the definition of "Inland waters" the following definition:-

"Medical peer review committee" or "committee", a committee of a state or local professional society of health care providers or of a medical staff of a

licensed hospital or nursing home, provided the medical staff operates pursuant to written by-laws that have been approved by the governing board of the hospital or nursing home, which committee has as its function the evaluation or improvement of the quality of health care rendered by providers of health care services, the determination whether health care services were performed in compliance with the applicable standards of care, the determination whether the cost of health care services were performed in compliance with the applicable standards of care, determination whether the cost of health care services rendered was considered reasonable by the providers of health services in the area, the determination of whether a health care provider's actions call into question such health care provider's fitness to provide health care services, or the evaluation and assistance of health care providers impaired or allegedly impaired by reason of alcohol, drugs, physical disability, mental instability or otherwise.

SECTION 7. Section 53B of said chapter 111, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following two sentences:- Any person licensed under section fifty-one shall report to the board of registration in medicine when the licensee denies, restricts, revokes, or fails to renew staff privileges, or accepts the resignation of, any physician registered with the board as qualified to practice medicine in the commonwealth for any reason related to the registrant's competence to practice medicine or for any reason related to a complaint or allegation regarding any violation of law or regulation, or hospital, health care facility or professional medical association by-laws, whether or not the complaint or allegation specifically cites violation of a specific law, regulation or by-law.

SECTION 8. Said section 53B of said chapter 111, as so appearing, is hereby further amended by adding the following paragraph:-

Any licensee subject to the reporting requirements set forth above shall file an annual disciplinary summary with the board of registration in medicine. The annual disciplinary summary shall be filed no later than January thirty-first for each previous calendar year. The annual disciplinary summary shall summarize the reports submitted for the previous calendar year. The annual disciplinary summary shall be sent by certified or registered mail and it shall be under oath. If the licensee submitted no reports for the previous calendar year, then the annual disciplinary summary shall state that no re-

ports were required. The board of registration in medicine shall promulgate such regulations as are necessary to carry out the intent of this section.

Upon a finding of violation of this section, the board of registration in medicine may assess a fine not in excess of one thousand dollars.

SECTION 9. Said chapter 111 is hereby further amended by adding the following two sections:-

Section 203. (a) The by-laws of every licensed hospital and nursing home and the by-laws of all medical staffs shall contain provisions for reporting conduct by a health care provider that indicates incompetency in his specialty or conduct that might be inconsistent with or harmful to good patient care or safety. Said by-laws shall direct a procedure for investigation, review and resolutions of such reports.

(b) Whenever, following review by a medical peer review committee of a licensed hospital or nursing home, a determination is reached that a health care provider's privileges should be suspended in the best interests of patient care, such committee shall immediately forward the recommendation to the executive committee of the medical staff and the institution's board of trustees for action. A provider whose privileges are suspended shall be entitled to notice and a prompt hearing following suspension, in accordance with the institution's medical staff by-laws.

(c) No individual or institution reporting, providing information, opinion, counsel or services to a medical peer review committee, or participating in the procedures required by this section, shall be liable in a suit for damages by reason of having furnished such information, opinion, counsel or services or by reason of such participation, provided that such individual or institution acted in good faith and with a reasonable belief that said actions were warranted in connection with or in furtherance of the functions of said committee or the procedures required by this section.

(d) Every licensed hospital and nursing home shall, as a condition of licensure be required to participate in risk management programs established by the board of registration in medicine pursuant to section five of chapter one hundred and twelve of the General Laws; provided that licensed hospitals and nursing homes which participate in pre-existing risk management programs may be exempted by regulations of the board from the requirements of this paragraph.

Section 204. (a) Except as otherwise provided in this section, the proceedings, reports and records of a medical peer review committee shall be confidential and shall not be subject to subpoena or discovery, or introduced in evidence, in any judicial or administrative proceeding, except proceedings held by the board of registration in medicine, and no person who was in attendance at a meeting of a medical peer review committee shall be permitted or required to testify in any such judicial or administrative proceeding, except proceedings held by the board of registration in medicine, as to the proceedings of such committee or as to any findings, recommendations, evaluations, opinions, deliberations or other actions of such committee or any members thereof.

(b) Documents, incident reports or records otherwise available from original sources shall not be immune from subpoena, discovery or use in any such judicial or administrative proceeding merely because they were presented to such committee in connection with its proceedings. Nor shall the proceedings, reports, findings and records of a medical peer review committee be immune from subpoena, discovery or use as evidence in any proceeding against a member of such committee to establish a cause of action pursuant to section eighty-five N of chapter two hundred and thirty-one; provided, however, that in no event shall the identity of any person furnishing information or opinions to the committee be disclosed without the permission of such person. Nor shall the provisions of this section apply to any investigation or administrative proceeding conducted by the board of registration in medicine.

(c) A person who testifies before such committee or who is a member of such committee shall not be prevented from testifying as to matters known to such person independent of the committee's proceedings, provided that, except in a proceeding against a witness to establish a cause of action pursuant to section eighty-five N of chapter two hundred and thirty-one, neither the witness nor members of the committee may be questioned regarding the witness' testimony before such committee, and further provided that committee members may not be questioned in any proceeding about the identity of any person furnishing information or opinions to the committee, opinions formed by them as a result of such committee proceedings, or about the deliberations of such committee.

(d) A court or administrative body may place reasonable restrictions on the use which may be made of the information obtained hereunder so as to main-

tain, so far as necessary or practicable, the confidentiality of such information.

SECTION 10. Section 1 of chapter 112 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the word "examination", in line 2, the words:- with the exception of the board of registration in medicine.

SECTION 11. Section 2 of said chapter 112, as so appearing, is hereby amended by striking out the fifth paragraph, and inserting in place thereof the following paragraph:-

The board shall require that all physicians registered in the commonwealth renew their certificates of registration with the board at two year intervals. Effective nineteen hundred and eighty-seven, every physician registered in the commonwealth shall renew his or her certificate of registration with the board on or before his or her birthday in nineteen hundred and eighty-seven and in every second year thereafter; provided that if a birthday of any physician who shall be registered hereunder shall occur within three months after original registration, such person need not renew his or her registration until the birthday in the second year following the birthday aforesaid. For the purposes of this section, the birthday of a person born on February twenty-nine shall be deemed to be February twenty-eight. The renewal application shall be accompanied by a fee determined under the aforementioned provision and shall include the physician's name, license number, home address, office address, his or her specialties, the principal setting of his practice, and whether he or she is an active or inactive practitioner.

SECTION 12. Said section 2 of said chapter 112, as so appearing, is hereby further amended by inserting after the fifth paragraph the following paragraph:-

The board is authorized to promulgate regulations requiring physicians to obtain professional malpractice liability insurance or a suitable bond or other indemnity against liability for professional malpractice in such amounts as may be determined by the board. The board shall participate in any national data reporting system which provides information on individual physicians.

SECTION 13. Said chapter 112 is hereby further amended by striking out section 5, as so appearing, and inserting in place thereof the following section:-

Section 5. The board shall investigate all complaints relating to the proper practice of medicine by any person holding a certificate of registration under sections two to twelve A, inclusive, or of section sixty-five so far as it relates to medicine and report the same to the proper prosecuting officers.

There shall be established within the board of registration in medicine a disciplinary unit which will be responsible for investigating complaints and prosecuting disciplinary actions against licensees, pursuant to this section. The executive director of the board shall hire such attorneys and investigators as are necessary to carry out the responsibilities of the disciplinary unit.

There shall also be established within the board of registration in medicine a risk management unit. Said risk management unit shall provide technical assistance and quality assurance programs designed to reduce or stabilize the frequency, amount and costs of claims against physicians and hospitals licensed or registered in the commonwealth. The board shall promulgate regulations requiring physicians to participate in risk management programs as a condition of licensure; provided that such regulations shall provide for an exemption from such requirements for physicians who are participating in pre-existing risk management programs that have been approved by the board.

There shall be established within the board of registration in medicine a data repository which will be responsible for the compilation of all data required under sections five A to five J, inclusive, and any other law or regulation which requires that information be reported to the board.

The board may, after a hearing pursuant to chapter thirty A, revoke, suspend, or cancel the certificate of registration, or reprimand, censure, impose a fine not to exceed ten thousand dollars for each classification of violation, require the performance of up to one hundred hours of public service, in a manner and at a time and place to be determined by the board, require a course of education or training or otherwise discipline a physician registered under said sections upon proof satisfactory to a majority of the board that said physician:-

- (a) fraudulently procured said certificate of registration;
- (b) is guilty of an offense against any provision of the laws of the commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder;

(c) is guilty of conduct which places into question the physician's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine or of practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions;

(d) is guilty of practicing medicine while the ability to practice is impaired by alcohol, drugs, physical disability or mental instability;

(e) is guilty of being habitually drunk or being or having been addicted to, dependent on, or a habitual user of narcotics, barbituates, amphetamines, hallucinogens, or other drugs having similar effects;

(f) is guilty of knowingly permitting, aiding or abetting an unlicensed person to perform activities requiring a license for purposes of fraud, deception or personal gain, excluding activities permissible under any provision of the laws of the commonwealth relative to the training of medical providers in authorized health care institutions and facilities;

(g) has been convicted of a criminal offense which reasonably calls into question his ability to practice medicine;

(h) is guilty of violating any rule or regulation of the board, governing the practice of medicine.

The board shall, after proper notice and hearing, adopt rules and regulations governing the practice of medicine in order to promote the public health, welfare, and safety and nothing in this section shall be construed to limit this general power of the board.

No person filing a complaint or reporting or providing information pursuant to this section or assisting the board at its request in any manner in discharging its duties and functions shall be liable in any cause of action arising out of the receiving of such information or assistance, provided the person making the complaint or reporting or providing such information or assistance does so in good faith and without malice. The board, including but not limited to the data repository and the disciplinary unit, shall keep confidential any complaint, report, record or other information received or kept by the board in connection with an investigation conducted by the board pursuant to this section; provided, however, that except to the extent that disclosures of records or other information may be restricted as otherwise provided by law, or by the board's regulations, investigative records or information of the board shall not be kept confidential after the board has disposed

of the matter under investigation by issuing an order to show cause, by dismissing a complaint or by taking other final action nor shall the requirement that investigative records or information be kept confidential at any time apply to requests from the person under investigation, the complainant, or other state or federal agencies, boards or institutions as the board shall determine by regulations. Any employee of the board who is found to be in violation of the confidentiality provisions of this section or any other confidentiality law or regulation which is applicable to the board shall be subject to a fine of not more than five hundred dollars. Said fine shall be assessed and collected by said board.

If a physician is found not guilty the board shall forthwith order a dismissal of the charges and the exoneration of the accused. If the board finds that there is reason to believe that a physician committed a criminal offense, the board shall notify the district attorney having jurisdiction over such individual or occurrence; provided, however, that the board need not notify the appropriate district attorney if the board has reason to believe that the criminal offense in question involves violation of chapter ninety-four C of the General Laws or other law concerning controlled substances as defined in said chapter ninety-four C and that said offense may be related to an addiction to, dependence on or habitual use of a controlled substance on the part of the physician. In such case the board shall notify the appropriate district attorney only when, after evaluation of the physician, the board has determined that the physician has not been rehabilitated and that it is unlikely that said physician can be rehabilitated without endangering the public health, safety or welfare, or the board has determined that the criminal offense in question was not related to an addiction to, dependence on or habitual use of a controlled substance on the part of the physician.

Upon request of the board's complaint counsel for the production of evidence at any stage of an investigation, pursuant to this chapter and regulations of the board promulgated thereunder, witnesses may be summoned and document production may be compelled by subpoenas or subpoenas duces tecum issued at the direction of the chairman of the board or his designee. Where appropriate, testimony may be taken within or without the commonwealth by deposition. So far as practicable, a stenographic record, electronic voice recording or videotape recording of all testimony shall be made and preserved for a reasonable time. Service of any subpoena may be made by (a) delivering a duly

executed copy thereof to the person to be served or to a partner or to any officer or agent authorized by appointment or by law to receive service or process on behalf of such a person; (b) delivering a duly executed copy thereof to the principal place of business in the commonwealth of the person to be served; or (c) mailing by registered or certified mail a duly executed copy thereof addressed to the person to be served at the principal place of business in the commonwealth or, if said person has no place of business in the commonwealth, to his principal office or place of business.

SECTION 14. Said chapter 112, as appearing, is hereby further amended by inserting after section 5 the following eleven sections:-

Section 5A. The board shall have the authority, after a hearing pursuant to chapter thirty A, to impose restrictions on a physician's license prohibiting the physician from performing certain medical procedures or operations, or from performing procedures except under certain conditions. The board shall by regulations specify the bases for such restrictions.

Section 5B. Any professional medical association, society, body, professional standards review organization, or similarly constituted professional organization, whether or not such association, society, body, or organization is local, regional, state, national, or international in scope, shall report to the board of registration in medicine any disciplinary action taken against any of the board's licensees. Such report of disciplinary action, shall be filed with the board within thirty days of such disciplinary action, shall be in writing, and shall be mailed to the board by certified or registered mail. "Disciplinary action" includes, but is not limited to, revocation, suspension, censure, reprimand, restriction, nonrenewal, denial, or restriction of privileges, or resignation. A denial or restriction of privileges or a resignation shall be reported only when the resignation or the denial or restriction of privileges is related in any way to (a) the applicant's competence to practice medicine, or (b) a complaint or allegation regarding any violation of law or regulation, including but not limited to the regulations of the board, or hospital, health care facility or professional medical association by-laws, whether or not the complaint or allegation specifically cites violation of a specified law, regulation, or by-law.

Section 5C. Every insurer or risk management organization which provides professional liability insurance to a registered physician shall report to the board any claim or action for damages for personal injuries alleged to have

been caused by error, omission, or negligence in the performance of such physician's professional services where such claim resulted in:

- (a) A final judgment in any amount,
- (b) A settlement in any amount, or
- (c) A final disposition not resulting in payment on behalf of the insured.

Reports shall be filed with the board no later than thirty days following the occurrence of any event listed in paragraph (a), (b), or (c).

Such reports shall be in writing on a form prescribed by the board and shall contain the following information:

- (a) the name, address, specialty coverage, and policy number of the physician against whom the claim is made; and
- (b) name, address and age of the claimant or plaintiff; and
- (c) nature and substance of the claim; and
- (d) date when and place at which the claim arose; and
- (e) the amounts paid, if any, and the date and manner of disposition, judgment, settlement, or otherwise; and
- (f) the date and reason for final disposition, if no judgment or settlement; and
- (g) such additional information as the board shall require. No insurer or its agents or employees shall be liable in any cause of action arising from reporting to the board as required in this section.

Section 5D. Any officer or employee of any agency, executive office, department, board, commission, bureau, division or authority of the commonwealth, or of any political subdivision thereof which is engaged in the provision or oversight of medical or health services, shall report to the board of registration in medicine any person who there is reasonable basis to believe is in violation of section five, or any of the regulations of the board except as otherwise prohibited by law.

Section 5E. Any registered physician who does not possess professional liability insurance shall report to the board every settlement or arbitration award of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or the unauthorized rendering of professional services by such physician. Such report shall be made within thirty days after any such settlement agreement has been reduced to writing thereto or thirty days after service of such arbitration award on the parties

and signed by all the parties. Failure of the physician to comply with the provisions of this section is an offense punishable by a fine of not more than five hundred dollars. Knowing and intentional failure to comply with the provisions of this section, or conspiracy or collusion not to comply with the provisions of this section, or to hinder or impede any other person in such compliance is an offense punishable by a fine of not less than five thousand dollars nor more than fifty thousand dollars.

Section 5F. Any health care provider, as defined in section one of chapter one hundred and eleven, shall report to the board any person who there is reasonable basis to believe is in violation of section five, or any of the regulations of the board, except as otherwise prohibited by law.

No employer or duly authorized agent of an employer shall discharge, refuse to hire or in any other manner discriminate against an employee because the employee has made a report to the board as required under this section, or has testified or in any manner cooperated with an inquiry or proceeding pursuant to this chapter, unless the employee knowingly participated in a fraudulent proceeding. Any person claiming to be aggrieved by a violation of this section may initiate proceedings in the superior court department of the trial court for the county in which the alleged violation occurred. An employer found to have violated this paragraph shall be exclusively liable to pay to the employee lost wages, shall grant the employee suitable employment, and shall reimburse such reasonable attorney fees incurred in the protection of rights granted by this section. The court may grant whatever equitable relief its deems necessary to protect rights granted by this section.

Section 5G. (a) No person or health care provider who communicates with a peer review committee, administrative subcommittee, ethics committee or other similar committee of a health care provider, professional society of health care providers or entity which pays professional liability claims on behalf of any health care provider shall be liable in any cause of action arising out of the providing or receiving of such communication provided that such person or health care provider acts in good faith and with a reasonable belief that such communication was warranted in connection with or in furtherance of the functions of such committee.

(b) No person who reports information to the board as required in section five A through section five F inclusive, or as required in any other law or regulation shall be liable in any cause of action arising out of such report

provided that such person acts in good faith and with a reasonable belief that such report was required. If such an action is instituted against a person who reports to the board as required in sections five A to five F, inclusive, and such action is determined by the court to be insubstantial, frivolous and not advanced in good faith, then such person defending such action may be awarded reasonable counsel fees and other costs and expenses incurred in defending against such action pursuant to section six F of chapter two hundred and thirty-one.

Section 5H. Whenever it appears that any physician licensed in the commonwealth may be incompetent or unable to practice medicine with reasonable skill and safety because such physician's ability to practice is impaired due to mental illness or physical illness, the board may order such physician to be examined by one or more physicians and surgeons designated by the board and at the board's expense.

If said physician fails or refuses to comply with an order by the board for such examination, and upon reasonable notice to said physician, the board may apply to the superior court for an order compelling said physician to submit to such examination. If the board's application is granted, the court may, after opportunity for hearing, require such physician to pay to the board its reasonable expenses incurred in obtaining the order, including attorney's fees, unless the court finds an award of expenses unjust. The physician's failure to comply with a court order issued under this section shall constitute grounds for disciplinary action under section five.

The report of the examiners shall be made available to such physician and may be received as direct evidence in proceedings conducted pursuant to section five. Said report shall remain confidential except to the extent it is disclosed in such proceedings.

Section 5I. The board shall have authority to require hospitals, physicians, health maintenance organizations and other medical service providers to provide data to it as to the results of specific surgical and other procedures performed by physicians on a physician by physician basis. Any information provided to the board pursuant to this section shall be subject to the confidentiality provisions set forth in section five of this chapter.

Section 5J. The board shall file annually, but not later than March first of each succeeding year after the effective date of this section, a report of all matters referred to the board under section five to five H, inclusive, to

the special commission on medical malpractice established under section twelve of chapter three hundred and sixty-two of the acts of nineteen hundred and seventy-five and the clerks of both branches of the general court.

Section 5K. The board is authorized to promulgate rules and regulations relative to the prioritization of investigation of complaints and reports received by the board, and the establishment of timelines for the investigation and resolution of such complaints or reports. In promulgating such rules and regulations, the board shall take into account the frequency and severity of the various types of complaints or reports, the possible threat to public health and safety posed by such complaints or reports and the degree of difficulty in investigating and resolving such complaints and reports.

SECTION 15. The first paragraph of section 5A of chapter 175A of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof the following three sentences:- The commissioner shall, annually on or before March first with respect to each twelve month period commencing on the following July first, after due hearing and investigation, fix and establish fair and reasonable classification of risks and adequate, just, reasonable and nondiscriminatory premium charges on claims made and occurrence basis to be used and charged by companies in connection with the issue or execution of medical malpractice insurance during the twelve month period commencing July first in said calendar year or any part of said twelve month period. In connection with any such hearing, the advisory filing of the Joint Underwriting Association established pursuant to section six of chapter three hundred sixty-two of the acts of nineteen hundred and seventy-five and any insurance company shall be filed with the commissioner on or before April first of the calendar year preceding the calendar year in which the decision is to be issued. Advisory filings of any other parties to the hearing shall be filed on or before May fifteenth of such calendar year, and the hearing shall be commenced on or before July first of such calendar year; provided, however, that the advisory filing for said association for the twelve month period beginning July first, nineteen hundred and eighty-seven shall be filed with the commissioner on or before September first, nineteen hundred and eighty-six and other advisory filings for said period shall be filed on or before October first, nineteen hundred and eighty-six. The commissioner shall consider whether it is advisable to and establish limited practice classification of risks within each classification of risk established pursuant to this section.

SECTION 16. The third paragraph of section 5A of said chapter 175A, as so appearing, is hereby amended by adding the following sentence:- A copy of all such memoranda shall be sent to the Special Commission on Medical Malpractice established pursuant to chapter three hundred and sixty-two of the acts of nineteen hundred and seventy-five.

SECTION 17. Said section 5A of said chapter 175A, as so appearing, is hereby further amended by striking out the sixth paragraph and inserting in place thereof the following paragraph:-

If, for any reason, classifications of risks and premium charges fixed and established as aforesaid on or before March first in any year for the ensuing twelve month period are not effective for said year, the commissioner shall establish the classifications of risks and premium charges requested by one of the interested parties for the ensuing year as an interim rate until classifications of risks and premium charges for said ensuing twelve month period are finally fixed and established. Classifications of risks and premium charges when finally fixed and established for said ensuing calendar year shall become effective as of July first of said twelve month period, and all premium charges affected by any change thereby made which have been paid or incurred prior to the time when such charges are finally fixed and established shall be adjusted in accordance with such change, as of said July first.

SECTION 18. Said chapter 175A is hereby further amended by inserting after section 5A the following section:-

Section 5B. On or before September first of the calendar year preceding the date by which the commissioner shall fix and establish classifications of risks and premium charges pursuant to section five A of chapter one hundred and seventy-five A, each medical service corporation shall file with the commissioner of insurance such data as will show the percentage of total revenues for physicians and for dentists in Massachusetts, which is attributable to payments by it which are subject to the limitations on charges and collections in section seven of chapter one hundred and seventy-six B, and the percentage of such total revenues which is attributable to payments by it under policies providing supplemental coverage to health insurance provided under Title XVIII of the Social Security Act. Any interested party, including, without limitation, organizations of physicians or dentists and agencies of the commonwealth or of the United States, may file, within the same time period, data relating to the total revenues for physicians or dentists in Massachusetts and the percentage share thereof paid by:

(a) medical service corporations for services which are subject to the limitations on charges and collections in section seven of chapter one hundred and seventy-six B;

(b) governmental units as to which the rates of payment for professional services to physicians or dentists are fixed and established by the rate setting commission pursuant to section thirty-two of chapter six A;

(c) insurers under chapter one hundred and fifty-two;

(d) health insurance under Title XVIII of the Social Security Act;

(e) medical service corporations under policies providing supplemental coverage to health insurance provided under Title XVIII of the Social Security Act; and

(f) all other payors, including, without limitation, medical service corporations to the extent their payments are not included in items (a) to (e), inclusive.

The commissioner of insurance may require any insurer, health maintenance organization or other payor making payments to physicians or dentists in the commonwealth for medical or dental services, to file such data as will show that payor's total payments to physicians or dentists in the commonwealth during such prior time period as the commissioner of insurance shall specify, and such other or further data as may be necessary to carry out the provisions of this section.

No later than November first, the commissioner shall hold a hearing to determine, based on the data filed by medical service corporations or any other party, or on other data or reasonable estimates available to him and introduced into the record in the said hearing, the percentage share of total revenues for physicians and the percentage share of total revenues for dentists, in Massachusetts, paid by the following:

(a) medical service corporations for services which are subject to the limitations on charges and collections in section seven of chapter one hundred and seventy-six B;

(b) governmental units as to which the rates of payment for professional services to physicians or dentists are fixed and established by the rate setting commission pursuant to section thirty-two of chapter six A;

(c) insurers under chapter one hundred and fifty-two;

(d) health insurance under Title XVIII of the Social Security Act;

(e) medical service corporations under policies providing supplemental coverage to health insurance under Title XVIII of the Social Security Act; and

(f) all other payors, including, without limitation, medical service corporations to the extent their payments are not included in items (a) to (e), inclusive. Said determination shall be made no later than March first of the succeeding calendar year.

Any interested party, which has filed data relating to the said percentages of total revenues for physicians and dentists and the medical malpractice analysis bureau, shall be entitled to participate in the hearing thereon, to present oral and written evidence, to examine and cross-examine witnesses, to review all information and materials filed with or relied on by the commissioner of insurance, and to submit briefs or position papers to any determination by the commissioner of insurance.

Any interested party which has participated in the said hearing and which is aggrieved by any action, order, finding or decision of the commissioner of insurance under this section may, within twenty days from the filing of his decision thereof in his office, file a complaint in the supreme judicial court for the county of Suffolk for a review of such action, order, finding or decision, and serve a copy thereof upon the commissioner of insurance and the attorney general. Within twenty days after the service of said complaint, the complaint shall be assigned for a speedy and summary hearing on the merits. The action, order, finding or decision of the commissioner of insurance shall remain in full force and effect pending the final decision of the court. The court shall have jurisdiction to modify, amend, annul, reverse or affirm such action, order, finding or decision, but such action, order, finding or decision shall not be modified, amended, annulled or reversed, unless the court finds that the commissioner of insurance erred as a matter of law, or that the decision was unsupported by any evidence in the record, with every reasonable inference in support of the decision made therefrom. The decision of the court shall be final and conclusive on the parties. The court shall make such rules or orders as it deems proper governing proceedings under this section to secure prompt and speedy hearings and to expedite final decisions thereon. In the event that the court modifies, amends, annuls or reverses such action, order, finding or decision, the decision of the court shall be implemented by the commissioner in the next hearing, commenced pursuant to this section, following said decision.

Payment made by any medical service corporation relating to services subject to the limitations on charges and collections in section seven of chapter one hundred and seventy-six B which are rendered by participating physicians or dentists covered by policies of medical malpractice insurance shall be adjusted for changes in medical malpractice premium charges fixed and established pursuant to section five A of chapter one hundred and seventy-five A. The medical service corporations payment shall be the amount of the total malpractice adjustment for that procedure code in addition to the amount paid to the physician for that procedure.

The total adjustments shall be sufficient to generate, over a twelve-month period, additional payments to physicians or dentists equal to the total dollar increase in medical malpractice insurance premium charges over the charges which were in effect prior to the decision to fix and establish new premium charges, multiplied by the following fraction: (a) The numerator shall be the per cent of total revenues for physicians, or dentists, which the medical service corporation's payments for services subject to the limitations of section seven of chapter one hundred and seventy-six B constitute, plus one-half of the per cent of total revenues for physicians, or dentists, paid by health insurance under Title XVIII of the Social Security Act; and (b) The denominator shall be one hundred per cent minus the per cent of total revenues for physicians, or dentists, paid by the medical service corporation under policies providing supplemental coverage to health insurance under Title XVIII of the Social Security Act. In the event that medical malpractice insurance premium charges decrease, negative adjustments shall be made pursuant to the same formula.

Any participating physician or participating dentist, when filing a request for payment based on a procedure code with said corporation, shall be allowed to include the dollar amount of the total adjustment allocated for that procedure code; provided, however, that said dollar amount shall not be separately stated. Upon submission of such dollar amount by the physician, the medical service corporation shall include all of that dollar amount in the amount paid to the physician for that procedure code. No change in medical malpractice insurance premium charges shall be approved by the commissioner of insurance until he has determined the percentage shares of total revenues for physicians or dentists paid by the medical service corporations and others as provided above. The adjustment to payments by the medical service corporation

shall take effect with the next regularly scheduled change in payments following the change in medical malpractice insurance premiums. The medical service corporation shall make available to participating physicians and dentists a list of the adjustments by the procedure code that have been made prior to the next regularly scheduled change in payments. The medical service corporation shall also provide said list to the division of insurance, which shall make available such list upon request.

In determining the total adjustment that shall be made to participating physicians and participating dentists for the twelve month period beginning July first, nineteen hundred and eighty-seven, the commissioner shall include in the calculation of total adjustment increases in medical malpractice insurance premium charges made for the twelve month period beginning July first, nineteen hundred and eighty-six; provided, further, that in calculating the total adjustment to be made by the medical service corporation for the twelve month period beginning July first, nineteen hundred and eighty-seven, the commissioner shall allow a credit for the aggregate amount of physician reimbursements made pursuant to increases in medical malpractice premiums by the Joint Underwriters Association made by said medical service corporation effective July first, nineteen hundred and eighty-six.

Whenever the premiums, rates or subscription charges of a medical service corporation are subject to regulation by the commissioner of insurance, the commissioner of insurance shall allow such corporation to include within its premiums, rates or subscription charges such adjusted payments to participating physicians and participating dentists, effective as of the date that such adjusted payments were first implemented. Nothing in this paragraph or the preceding paragraph shall be construed to affect the responsibilities and authority of the commissioner of insurance under chapter one hundred and ninety-nine of the acts of nineteen hundred and eighty-four. This paragraph shall not apply to payments made for charges regulated by chapter three hundred and ten of the acts of nineteen hundred and eighty-four.

The provisions of this section shall terminate upon the completion of the rate period ending June thirtieth, nineteen hundred and ninety-two.

The commissioner shall determine the methodology pursuant to which each medical service corporation shall allocate the total adjustments among procedure codes in order that payments to physicians and dentists are apportioned among the risk classifications established by the commissioner under section

five A. The methodology will provide for application of the adjustments to usual charge levels for each physician or dentist and to customary charge levels, in each instance separately stated by procedure code for purpose of this section the commissioner shall make this determination on a biannual basis provided however that upon the motion of any party at any future hearing under this section. The commissioner shall review the methodology previously approved by him and approve such changes as may be necessary in order that the allocation methodology apportion such payments in accordance with this paragraph.

The provisions of this section shall terminate upon the completion of the rate period ending June thirtieth, nineteen hundred and ninety-two.

SECTION 20. Section 6F of chapter 231 of the General Laws, as so appearing, is hereby amended by adding the following paragraph:-

In proceedings under this section in any action which has been heard by the medical malpractice tribunal established pursuant to section sixty B, the decision of the tribunal may be introduced as evidence relevant to whether a claim was wholly insubstantial, frivolous and not advanced in good faith.

SECTION 21. The sixth paragraph of section 60B of said chapter 231, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:- If a finding is made for the defendant or defendants in the case the plaintiff may pursue the claim through the usual judicial process only upon filing bond in the amount of six thousand dollars in the aggregate secured by cash or its equivalent with the clerk of the court in which the case is pending, payable to the defendant or defendants in the case for costs assessed, including witness and experts fees and attorneys fees if the plaintiff does not prevail in the final judgment.

SECTION 22. Said section 60B of said chapter 231, as so appearing, is hereby further amended by adding the following two paragraphs:-

Whenever the tribunal makes a finding, the clerk of the court shall, no later than fifteen days after such finding, send a copy of the complaint and finding to the board of registration in medicine.

Upon entry of judgment, settlement, or other final disposition at trial court level, the clerk shall, no later than fifteen days after such entry, send a copy of the judgment, settlement or other final disposition, to the board of registration in medicine. The terms of such judgment, settlement, or other final disposition shall not be sealed by agreement of the parties or by

any other means and shall be available for public inspection, except, however, the identity of the plaintiff may be kept confidential by the board.

SECTION 23. Said chapter 231 is hereby further amended by striking out section 60D, as so appearing, and inserting in place thereof the following section:-

Section 60D. Notwithstanding the provisions of section seven of chapter two hundred and sixty, any claim by a minor against a health care provider stemming from professional services or health care rendered, whether in contract or tort, based on an alleged act, omission or neglect shall be commenced within three years from the date the cause of action accrues, except that a minor under the full age of six years shall have until his ninth birthday in which the action may be commenced, but in no event shall any such action be commenced more than seven years after occurrence of the act or omission which is the alleged cause of the injury upon which such action is based except where the action is based upon the leaving of a foreign object in the body.

SECTION 24. Said chapter 231 is hereby further amended by inserting after section 60E the following section:-

Section 60F. (a) In every action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health care which is tried to a jury, the court shall instruct the jury that if the jury awards damages to the plaintiff or plaintiffs it shall specify the total amount of damages, as well as the applicable elements of special and general damages upon which the award of damages is based and the amount of the total damages assigned to each element, including, but not limited to:

(1) Amounts intended to compensate the plaintiff for reasonable expenses which have been incurred, or which will be incurred, for necessary medical, surgical, X-ray, dental, or rehabilitative services, including prosthetic devices; necessary ambulance, hospital, and nursing services; drugs; and therapy;

(2) Amounts intended to compensate the plaintiff for lost wages or loss of earning capacity and other economic losses which have been incurred or will be incurred; and

(3) Amounts intended to compensate the plaintiff for pain and suffering, loss of companionship, embarrassment, and other items of general damages which have been incurred or will be incurred in the future, and whether there

is a substantial or permanent loss or impairment of a bodily function, or substantial disfigurement, or other special circumstances in the case which warrant a finding that imposition of the limitation specified in section sixty I would deprive the plaintiff of just compensation for the injuries sustained.

Each element shall be further itemized into amounts intended to compensate for damages which have been incurred prior to the verdict and amounts intended to compensate for damages to be incurred in the future. In itemizing amounts intended to compensate for future damages, the jury shall set forth the period of weeks, months or years over which such amounts are intended to provide compensation. The court shall apply to each element of past and future damages any rules of law applicable to the review of jury verdicts, including without limitation the sufficiency of the evidence to support the verdict, any set-offs or credits, and appropriate additurs or remittiturs.

(b) In every action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services against a provider of health care which is tried without a jury, if the court awards damages to the plaintiff or plaintiffs, it shall find the total amount of damages, and specify the applicable elements of special and general damages upon which the award of damages is based and the amount of the total damages assigned to each element, including, but not limited to:

(1) Amounts intended to compensate the plaintiff for reasonable expenses which have been incurred, or which will be incurred, for necessary medical, surgical, X-ray, dental, or rehabilitative services, including prosthetic services; necessary ambulance, hospital and nursing services; drugs; and therapy;

(2) Amounts intended to compensate the plaintiff for lost wages or loss of earning capacity and other economic losses which have been incurred or will be incurred; and

(3) Amounts intended to compensate the plaintiff for pain and suffering, loss of companionship, embarrassment, and other items of general damages, which have been incurred or will be incurred in the future, and whether there is a substantial or permanent impairment of a bodily function, or substantial disfigurement, or other special circumstances in the case which warrant a finding that imposition of the limitation specified in section sixty I would deprive the plaintiff of just compensation for the injuries sustained.

Each element shall be further itemized into amounts intended to compensate for damages which have been incurred prior to the verdict and amounts intended

to compensate for damages to be incurred in the future. In itemizing amounts intended to compensate for future damages, the court shall set forth the period of weeks, months or years over which such amounts are intended to provide compensation.

SECTION 25. Said chapter 231 is hereby further amended by inserting after section 60F, inserted by section 24 of this act, the following section:-

Section 60G. (a) In every action for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care in which the plaintiff seeks to recover for the costs of medical care, custodial care or rehabilitation services, loss of earnings or other economic loss, if the jury returns a verdict specifying the type and amount of such damages under subsection (a) of section sixty F of this chapter, or the court finds the type and amount of such damages as required under subsection (b) of section sixty F of this chapter, on motion by a defendant or upon its own motion, the court shall hear evidence of any amount of such damages incurred prior to the judgment which the defendant or defendants claim was replaced, compensated or indemnified pursuant to the United States Social Security Act, any state or federal income disability or worker's compensation act, any health, sickness or income-disability insurance, any accident insurance that provides health benefits or income disability coverage, any contract or agreement of any group, organization, partnership, or corporation to provide, pay for or reimburse the cost of medical, hospital, dental or other health care services, any contract or agreement to continue to pay, in whole or in part, the plaintiff's wages or income, or any other collateral source of benefits whatsoever, except for gratuitous payments or gifts. If the defendant elects to introduce such evidence, the plaintiff may introduce evidence of any amount the plaintiff himself paid or contributed to secure his right to the benefits concerning which the defendant has introduced evidence.

(b) If the court finds that any such cost or expense was replaced, compensated, or indemnified from any collateral source, it shall reduce the amount of the award by such finding, minus an amount equal to the premiums or other amounts paid by the plaintiff for such benefits for the one-year period immediately preceding the accrual of such action.

(c) Notwithstanding the provisions of section seventy A of chapter one hundred and eleven of the General Laws, no entity which is the source of the collateral benefits by which the court has reduced the award to the plaintiff hereunder shall recover any amount against the plaintiff, nor shall it be subrogated to the rights of the plaintiff against the defendant, nor shall it have a lien against the plaintiff's judgment, on account of its payment of the benefits by which the court has reduced the amount of the plaintiff's judgment; provided that, if the plaintiff has received compensation or indemnification from any collateral source whose right of subrogation is based in any federal law, the court shall not reduce the award by the amounts received prior to judgment from such collateral source and such amounts may be recovered in accordance with such federal law.

(d) During the pendency of any such action, if a plaintiff has a policy of insurance which provides health benefits or income disability coverage, and the plaintiff is unwilling or unable to pay the costs of renewing or continuing that policy of insurance in force, the defendant or defendants may tender to the plaintiff the cost of maintaining the said policy in force. Upon receipt of such tender, the plaintiff shall continue such policy of insurance in force. Nothing in this subsection shall be construed to compel a plaintiff to renew or maintain any policy of insurance in force prior to receipt of the said tender, or to interfere in any way with the plaintiff's choice of physician or course of medical treatment.

SECTION 26. Said chapter 231 is hereby further amended by inserting after section 60G, inserted by section 25 of this act, the following section:-

Section 60H. In any action for malpractice, negligence, error, omission, mistake or the unauthorized rendering of professional services, other than actions brought under section two of chapter two hundred and twenty-nine, against a provider of health care, the court shall instruct the jury that in the event they find the defendant liable, they shall not award the plaintiff more than five hundred thousand dollars for pain and suffering, loss of companionship, embarrassment and other items of general damages unless the jury determines that there is a substantial or permanent loss or impairment of a bodily function or substantial disfigurement, or other special circumstances in the case which warrant a finding that imposition of such a limitation would deprive the plaintiff of just compensation for the injuries sustained. In any

such action which is tried without a jury, the court shall not award the plaintiff more than five hundred thousand dollars for pain and suffering, loss of companionship, embarrassment and other items of general damages unless the aforesaid findings are made specially by the court and stated separately in the judgment entered by the court. Except in those cases where the aforesaid findings are made, if two or more plaintiffs have received verdicts or findings of such damages in a total amount, for all plaintiffs claiming damages from a single occurrence, transaction, act of malpractice, or injury which exceeds five hundred thousand dollars, the amount of such damages recoverable by each plaintiff will be reduced to a percentage of five hundred thousand dollars proportionate to that plaintiff's share of the total amount of such damages for all plaintiffs. Such limit shall apply, except in those cases where the aforesaid findings are made, regardless of the number of persons liable jointly or severally for the said damages.

SECTION 27. Said chapter 231 is hereby amended by inserting after section 60H, inserted by section 26 of this act, the following section:-

Section 60I. Attorney fees for services rendered on behalf of a claimant or defendant in a medical negligence case shall be fair and reasonable. An attorney representing a claimant may charge a client a contingency fee, which shall be subject to the rules and guidelines of the supreme judicial court. No contingent fee agreement, shall be enforced, and no attorney shall recover a fee thereunder, as a result of services rendered in an action against a provider of health care for malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services if, at the time of judgment, the court determines that the amount of the recovery paid or to be paid to the plaintiff, after deduction of the attorney's reasonable expenses and disbursements for which the plaintiff is liable and the amount of the attorney's fee, is less than the total amount of the plaintiff's unpaid past and future medical expenses included in the recovery, unless the contingent attorney's fee: (a) is twenty per cent or less of the plaintiff's recovery; (b) is reduced to twenty per cent or less of the plaintiff's recovery; or (c) is reduced to a level which permits the plaintiff to be paid his unpaid past and future medical expenses included in the recovery.

An attorney shall not contract for or collect a contingent fee for representing any person seeking damages in connection with an action for malprac-

tice, negligence, error, omission, mistake, or the unauthorized rendering of professional services against a provider of health care in excess of the following limits:

- (1) Forty per cent of the first one hundred and fifty thousand dollars recovered;
- (2) Thirty-three and one-third per cent of the next one hundred and fifty thousand dollars recovered;
- (3) Thirty per cent of the next two hundred thousand dollars recovered;
- (4) Twenty-five per cent of any amount by which the recovery exceeds five hundred thousand dollars.

The limitations shall apply regardless of whether the recovery is by settlement, arbitration or judgment. Nothing herein shall preclude any attorney from contracting to represent a client for less than the above limits, nor shall anything herein preclude a court from assessing reasonable attorney's fees at any amount below the above limits or from determining that attorney's fees below such limits are unreasonably high in a particular case.

SECTION 28. Section 85N of said chapter 231, as appearing in the 1984 Official Edition, is hereby amended by inserting after the word "hospital", in line 3, the words:- or a health maintenance organization licensed under the provisions of chapter one hundred and seventy-six G.

SECTION 29. Section 4 of chapter 260 of the General Laws, as so appearing, is hereby amended by striking out, in lines 1 to 3, inclusive, the words "of contract or tort for malpractice, error or mistake against physicians, surgeons, dentists, optometrists, hospitals and sanatoria, actions".

SECTION 30. Said section 4 of said chapter 260, as so appearing, is hereby further amended by inserting after the first paragraph the following paragraph:-

Actions of contract or tort for malpractice, error or mistake against physicians, surgeons, dentists, optometrists, hospitals and sanatoria shall be commenced within three years after the cause of action accrues, and in no event shall any such action be commenced more than seven years after occurrence of the act or omission which is the alleged cause of the injury upon

which such action is based except where the action is based upon the leaving of a foreign object in the body.

SECTION 31. The second paragraph of section 6 of chapter 362 of the acts of 1975 is hereby further amended by adding the following sentence:- Upon approval of the commissioner, the association may for all purposes consider the business of each category of health care provider as a separate line of business.

SECTION 32. The third paragraph of said section 6 of said chapter 362 is hereby amended by striking out, in lines 6 to 10, inclusive, the words "one million dollars for each claimant under one policy and three million dollars for all claimants under one policy in any one year, or ten million dollars for all claimants under one policy in any one year, provided the applicant is a hospital" and inserting in place thereof the words:- two million dollars for each claimant under one policy and six million dollars for all claimants under one policy in any one year, or twenty million dollars for all claimants under one policy in any one year. provided the applicant is a hospital.

SECTION 33. Said section 6 of said chapter 362 is hereby amended by striking out the tenth paragraph, inserted by chapter 431 of the acts of 1976, and inserting in place thereof the following paragraph:-

The association shall be governed by a board of fifteen directors eight of whom shall be elected by cumulative voting by the members of the association, whose votes in such election shall be weighted in accordance with each member's net direct premium written during the preceding calendar year. Five directors shall be appointed by the commissioner as representatives of the medical profession, one of whom shall be a representative of licensed hospitals. One director shall be appointed by the commissioner as a representative of insurance producers and one director shall be appointed by the commissioner as a representative of the public.

SECTION 34. Said section 6 of said chapter 362 is hereby further amended by inserting after the twelfth paragraph the following two paragraphs:-

There shall be established within the association, a data repository for the purpose of compiling and maintaining the information required to be reported pursuant to section five C of chapter one hundred and twelve of the General Laws.

The association shall undertake an investigation so as to determine and compile the information required to be reported in section five C of chapter one hundred and twelve of the General Laws. The subject matter of said investigation shall be limited to those judgments, settlements, dispositions, names, nature and substance of claims, dates and such other information as required pursuant to section five C of chapter one hundred and twelve of the General Laws arising out of contractual obligations incurred as the result of medical malpractice insurance policies issued in the five policy years immediately prior to January first, nineteen hundred and eighty-seven.

SECTION 35. The thirteenth paragraph of said section 6 of said chapter 362 is hereby amended by inserting after the second sentence the following two sentences:- In determining whether any rate increase recommended by the association shall be established, the commissioner shall make a finding as to whether the risk management techniques established by the board of registration in medicine pursuant to section five of chapter one hundred and twelve of the General Laws have had or are expected to have a demonstrated impact on the reduction or stabilization of the frequency, amount and costs of claims against the association. The association shall, subject to the commissioner's approval, impose a system of discounts for physicians or other insureds who participate in risk management activities.

SECTION 36. Said section 6 of said chapter 362 is hereby further amended by adding the following paragraph:-

Effective January first, nineteen hundred and eighty-seven, the commissioner is authorized to establish a system of surcharges and credits for all physicians insured by the association. Said system shall provide for surcharges to be imposed on all physicians insured by the association whose claims in the previous five years exceed in number the average number of claims asserted against physicians in their specialty. Such surcharges each year for a physician shall be calculated on an actuarially sound basis to reflect the increased cost of defending physicians with more claims asserted against them than the average in their specialty. A physician who does not renew his policy with the association for any year will not be liable for any surcharges for the year of nonrenewal, except that a physician who would otherwise be liable for a surcharge and purchases from the association coverage

for occurrences which took place during a period in which he was covered under a claims-made policy may be charged in the premium for such additional coverage a surcharge calculated on an actuarially sound basis. Said system shall further provide for credits to be given to all physicians insured by the association who have not had a civil action commenced against them for malpractice, error or mistake in the provision or failure to provide medical or surgical services during their practice in the commonwealth over a time period which the commissioner by regulation shall determine. The credit or credits will be calculated by specialty on an actuarially sound basis to reflect any decreased likelihood of such physicians incurring liability for claims for which the association will be liable.

SECTION 37. Said chapter 362 is hereby further amended by striking out section 13, as most recently amended by chapter 650 of the acts of 1983, and inserting in place thereof the following section:-

Section 13. Sections four, six and twelve of this act shall take effect upon their passage, and all other sections of this act shall take effect on January first, nineteen hundred and seventy-six. Section six of this act shall terminate on July first, nineteen hundred and ninety-two.

SECTION 38. (1) As used in this section, the following terms shall have the following meanings:-

"Total deferred premium liability", an amount equal to the difference between the amount of premium charges payable with respect to all policies issued on or after July first, nineteen hundred and eighty-three and before July first, nineteen hundred and eighty-six for medical malpractice insurance for physicians in the commonwealth insured by the medical malpractice joint underwriting association, created pursuant to section six of chapter three hundred and sixty-two of the acts of nineteen hundred and seventy-five, as finally established with respect to such policies pursuant to the provisions of section five A of chapter one hundred and seventy-five A of the General Laws, and the amount of premium charges which were payable with respect to such policies during said period, as established by the commissioner of insurance in his decision dated May eighteenth, nineteen hundred and eighty-four.

"Individual deferred premium liability", an amount equal to the difference between the amount of premium charges payable with respect to policies issued

on or after July first, nineteen hundred and eighty-three and before July first, nineteen hundred and eighty-six for medical malpractice insurance for an individual physician in the commonwealth insured by the medical malpractice joint underwriting association, as finally established with respect to such policies pursuant to the provisions of section five A of chapter one hundred and seventy-five A of the General Laws, and the amount of premium charges which were payable with respect to such policies during said period, as established by the commissioner of insurance in his decision dated May eighteenth, nineteen hundred and eighty-four.

(2) Notwithstanding any general or special law to the contrary, with respect to policies issued on or after July first, nineteen hundred and eighty-three and before July first, nineteen hundred and eighty-six for medical malpractice insurance for physicians in the commonwealth insured by the medical malpractice joint underwriting association, no premium charges shall be recovered, except as provided in paragraph (4) of this section, prior to July first, nineteen hundred and eighty-seven in excess of the premium charges established by the commissioner of insurance in his decision dated May eighteenth, nineteen hundred and eighty-four. Nothing contained in this section shall be construed to prevent or interfere with the final establishment of premium charges with respect to such policies by the commissioner of insurance pursuant to the provisions of section five A of chapter one hundred and seventy-five A of the General Laws, provided that the total deferred premium liability or any individual deferred premium liability accruing with respect to such policies shall be recovered only in accordance with the provisions of paragraphs (3) and (4), respectively, of this section.

(3) Commencing on July first, nineteen hundred and eighty-seven, the total deferred premium liability shall be recovered by the joint underwriting association as follows. The commissioner of insurance shall annually determine the portion of the total deferred premium liability then outstanding which is attributable to each risk classification of premium charges for policies of medical malpractice insurance. In making such determinations, the commissioner shall attribute to each such classification that portion of the total deferred premium liability then outstanding which accrued with respect to policies of medical malpractice insurance issued on or after July first, nineteen hundred and eighty-three and before July first, nineteen hundred and

eighty-six for physicians engaging in the practice or specialty included in such classification as of the date of such determination. In making such determination, the commissioner shall also deduct from the portion of the total deferred premium liability then outstanding which would otherwise be attributable to each such classification any amounts of individual deferred premium liability which have been recovered pursuant to paragraph (4) of this section. With respect to policies of medical malpractice insurance issued by the joint underwriting association on or after July first, nineteen hundred and eighty-seven and before July first, nineteen hundred and ninety-two, the commissioner shall, in addition to the rates established for such policies pursuant to section five A of chapter one hundred and seventy-five A of the General Laws, establish a separate rate for each risk classification which shall be sufficient to permit the recovery by the association of the following amounts, plus interest on the amount then outstanding calculated at the rate of eleven per cent per year, commencing as of July first, nineteen hundred and eighty-seven: twenty per cent of the total deferred premium liability outstanding as of July first, nineteen hundred and eighty-seven for each such classification, such rate to apply to policies issued on or after July first, nineteen hundred and eighty-seven and before July first, nineteen hundred and eighty-eight; twenty-five per cent of the total deferred premium liability outstanding as of July first, nineteen hundred and eighty-eight for each such classification, such rate to apply to policies issued on or after July first, nineteen hundred and eighty-eight and before July first, nineteen hundred and eighty-nine; thirty-three and one-third per cent of the total deferred premium liability outstanding as of July first, nineteen hundred and eighty-nine, such rate to apply to policies issued on or after July first, nineteen hundred and eighty-nine and before July first, nineteen hundred and ninety; fifty per cent of the total deferred premium liability outstanding as of July first, nineteen hundred and ninety, such rate to apply to policies issued on or after July first, nineteen hundred and ninety and before July first, nineteen hundred and ninety-one; and one hundred per cent of the total deferred premium liability outstanding as of July first, nineteen hundred and ninety-one, such rate to apply to policies issued on or after July first, nineteen hundred and ninety-one and before July first, nineteen hundred and ninety-two. Such separate rates may be assessed and recovered with respect to policies of medical malpractice insurance issued during said periods by the Joint Underwriting As-

sociation in the same manner as rates established pursuant to section five A of chapter one hundred and seventy-five A of the General Laws are assessed and recovered.

(4) Notwithstanding the provisions of paragraph (2) of this section, any physician who was covered by a policy of medical malpractice insurance issued by the Joint Underwriting Association on or after July first, nineteen hundred and eighty-three and before July first, nineteen hundred and eighty-six and who ceases to practice medicine in the commonwealth, unless such cessation is caused by the death of the physician, the retirement of the physician due to disability or after attainment of age sixty-five, or the relocation of the physician outside of the commonwealth immediately upon completion of a residency or internship, shall be liable as of the date of such cessation of practice for the amount of individual deferred premium liability which has accrued with respect to such policies; provided that if such cessation of practice occurs after July first, nineteen hundred and eighty-seven, said individual deferred premium liability shall be reduced by the amount of total deferred premium liability recovered from said physician pursuant to paragraph (3) of this section. The joint underwriting association shall report to the commissioner of insurance no later than April first of each year, commencing in nineteen hundred and eighty-seven and until nineteen hundred and ninety-one, of the amounts recovered from physicians in each risk classification who are subject to recovery of individual deferred premium liability pursuant to this paragraph. Failure by the association to report any amount recovered from a physician pursuant to this paragraph shall constitute an unfair and deceptive insurance act punishable under chapter one hundred and seventy-six D of the General Laws; provided that each such failure to report shall constitute a separate act or practice for the purpose of imposition of penalty under that chapter.

SECTION 39. The special commission on medical malpractice established in chapter three hundred and sixty-two of the acts of nineteen hundred and seventy-five is hereby authorized and directed to conduct an investigation and study of the legal, tax, reimbursement, and regulatory status of nonprofit hospital service corporations and nonprofit medical service corporations, as established pursuant to chapters one hundred and seventy-six A and one hundred and seventy-six B of the General Laws. Said study shall also include a review

of the standing of said corporations in relationship to other health care insurers and nonprofit medical service corporations within and without the commonwealth, to government programs of health insurance and to competing and alternative forms of health care financing. Particular attention shall be paid to the corporations' rights to contract with professional and other noninstitutional providers of health care services, the system of payments made by said corporation, including the impact of the prohibition on the practice of balance billing, so-called, the process by which the fees paid by said corporations to participating physicians are set, the extent to which said fees are reflective of the costs of providing medical services, including but not limited to, the cost of medical malpractice premiums, the adequacy and efficacy of existing dispute resolution mechanisms available to said corporations and professional providers, the financial and accounting procedures of said corporations and their impact on the quality and cost of health care services.

Said commission is further directed to conduct an investigation and study into the feasibility of establishing a patient compensation fund, so-called. Said study shall include a review of the operation of such funds in other states, an analysis of various funding mechanisms, and an estimate of the administrative cost of such a fund and its potential impact on medical malpractice premiums.

Said commission is further directed to conduct an investigation and study relative to the viability of a system which would provide for early tender of compensation to victims of medical malpractice, the economic ramifications of such a system upon such victims, the potential effect such a system might have upon premiums for medical malpractice insurance, the ability of the joint underwriting association to administer a system of early tender of compensation, a comparison of an early tender system of compensation to the existing medical malpractice procedure, the question of whether or not a system of early tender of compensation would have a negative effect on the ability of this commonwealth to effectively oversee and, where necessary, to discipline practicing physicians and such other matters as may help in determining whether the implementation of an early tender of compensation system to victims of medical malpractice is feasible.

The commissioner of insurance is hereby authorized to make an annual assessment against the insurance companies licensed to write health and accident insurance policies and personal injury liability insurance policies covering residents of Massachusetts and regulated under paragraph six of section forty-seven of chapter one hundred and seventy-five, fraternal benefit societies regulated under section thirteen A of chapter one hundred and seventy-six, hospital service corporations regulated under chapter one hundred and seventy-six A, medical service corporations regulated under chapter one hundred and seventy-six B, nonprofit medical service plans regulated under chapter one hundred and seventy-six C, dental service corporations regulated under chapter one hundred and seventy-six E, optometric service corporations regulated under chapter one hundred and seventy-six F, and health maintenance organizations regulated under chapter one hundred and seventy-six G an amount not to exceed four hundred thousand dollars. Said assessment shall be apportioned among such companies on a fair and reasonable basis. Said assessment shall be used, in addition to such other funds as may be appropriated, to defray the expenses of conducting the studies required by this section and may be expended for such expert, legal, investigative, clerical and other assistance as may be required.

The result of the studies together with any recommendations of the commission, shall be filed with the joint committee on insurance and the house and senate committees on ways and means no later than July first, nineteen hundred and eighty-seven.

The provisions of this section shall expire on December thirty-first, nineteen hundred and eighty-seven.

SECTION 40. The board of registration in medicine is hereby authorized and directed to promulgate regulations relative to the participation of physicians in risk management programs pursuant to section five of chapter one hundred and twelve of the General Laws, the requirement that physicians obtain professional malpractice liability insurance pursuant to section two of chapter one hundred and twelve of the General Laws and the prioritization and establishment of timelines for investigation of complaints and reports pursuant to section five K of chapter one hundred and twelve of the General Laws. The board shall file said rules and regulations with the clerk of the house of representatives for transmittal to the joint committee on insurance no later than January first, nineteen hundred and eighty-seven. Such regulations shall take effect no sooner than sixty days after the date of such filing.

SECTION 40A. The secretary of consumer affairs and business regulation shall from time to time review and evaluate the implementation of this act, and shall recommend annually, on July first, to the general court whether to include the practice of podiatry and podiatric medical malpractice insurance premiums within its provisions.

SECTION 41. Sections four, eighteen, thirty-one, thirty-two, thirty-seven, thirty-eight, thirty-nine and forty of this act shall take effect as of July first, nineteen hundred and eighty-six. Section two shall take effect as of July first, nineteen hundred and eighty-six, provided that rates set pursuant to section thirty-two of chapter six A of the General Laws for workers compensation benefits shall not be adjusted for changes in medical malpractice premium charges effective prior to July first, nineteen hundred and eighty-eight. Sections one, three, five, six, seven, eight, nine, ten, twelve, thirteen, fourteen, fifteen, sixteen, seventeen, twenty-eight and thirty-three shall take effect on October first, nineteen hundred and eighty-six. Sections twenty and twenty-one shall take effect on November first, nineteen hundred and eighty-six and shall apply to actions commenced on or after that date. Section twenty-two shall take effect on November first, nineteen hundred and eighty-six and shall apply to findings, judgments and other dispositions entered on or after that date. Sections twenty-three, twenty-six, twenty-seven, twenty-nine and thirty shall take effect and apply to all claims arising from acts of malpractice, negligence, error, omission, mistake, or the unauthorized rendering of professional services by a provider of health care which acts occur on or after November first, nineteen hundred and eighty-six. Sections eleven, thirty-four, thirty-five and thirty-six shall take effect on January first, nineteen hundred and eighty-seven. Sections twenty-four and twenty-five shall take effect on November first, nineteen hundred and eighty-six and apply to all judgments, findings and other dispositions entered on or after that date.

House of Representatives,

July 11, 1986.

Passed to be enacted,

George Lemerand, Speaker.

In Senate,

July 11, 1986.

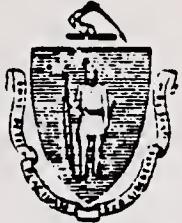
Passed to be enacted,

Howard Bulger, President.

July 23, 1986.

Approved,

Willie J. Walker
Governor.



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE • BOSTON 02133

MICHAEL S. DUKAKIS
GOVERNOR

July 23, 1986

The Honorable Michael Joseph Connolly
Secretary of the Commonwealth
State House, Room 340
Boston, MA 02133

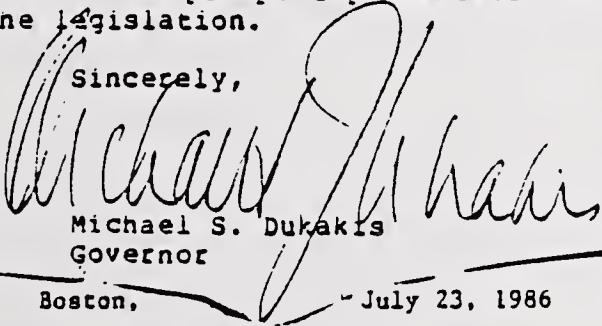
Dear Secretary Connolly:

I, Michael S. Dukakis, pursuant to the provisions of Article XLVIII of the Amendments of the Constitution, the Referendum II, Emergency Measures, hereby declare, in my opinion, the immediate preservation of the public peace, health, safety or convenience requires that the attached Act, Chapter 351 of the Acts of 1986, entitled "An Act Relative To Medical Malpractice", the enactment of which received my approval on July 23, 1986, should take effect forthwith.

I further declare that in my opinion said law and the facts constituting the emergency are as follows:

It is in the public interest that this Act take effect immediately in order to allow the prompt implementation of the reforms provided by the legislation.

Sincerely,

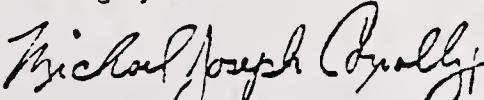

Michael S. Dukakis
Governor

OFFICE OF THE SECRETARY,

Boston,

- July 23, 1986

I, Michael Joseph Connolly, Secretary of State, hereby certify that the accompanying statement was filed in the Office by His Excellency the Governor of the Commonwealth of Massachusetts at five o'clock, P.M., on the above date, and in accordance with Article Forty-eight of the Amendments to the Constitution said Chapter takes effect forthwith, being chapter three hundred and fifty-one of the Acts of nineteen hundred and eighty-six.



MICHAEL JOSEPH CONNOLLY,
Secretary of State.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE AMOUNT OF CERTAIN RETIREMENT OR DEATH BENEFITS WHICH MAY BE PAID BY THE WESTON POLICE RELIEF ASSOCIATION, INCORPORATED.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The Weston Police Relief Association, Incorporated, a corporation duly established under the laws of the commonwealth, is hereby authorized to pay an amount not exceeding ten thousand dollars to a member of the association in good standing upon said member's retirement or separation with twenty or more years of service as a permanent officer of the police department of the town of Weston. Any member of the association in good standing with less than twenty years of service upon retirement or separation shall receive one-twentieth of said ten thousand dollars for every year served as a member of said Weston Police Relief Association, Incorporated.

SECTION 2. The Weston Police Relief Association, Incorporated is hereby authorized to pay, in lieu of retirement or separation benefit, an amount not exceeding ten thousand dollars to the designated beneficiary of a retired, separated or nonretired member of the association upon the death of said member.

SECTION 3. This act shall take effect as of December twelfth, nineteen hundred and eighty-four.

House of Representatives, July 15, 1986.

Passed to be enacted,

George Leverrier, Speaker.

In Senate, July 15, 1986.

Passed to be enacted,

Walter F. Baumer, Acting President.

July 23, 1986.

Approved,

Michael J. Dukakis, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT AUTHORIZING THE MARBLEHEAD POLICE RELIEF ASSOCIATION TO PAY CERTAIN BENEFITS TO ITS MEMBERS UPON THEIR RETIREMENT.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 399 of the acts of 1973 is hereby amended in lines 8, 9 and 10, by striking out the words "within sixty days after his retirement, or in the case of a member who has retired before the effective date of this act, then within ninety days of said effective date," and further amended by adding at the end thereof the following sentence:- A member electing to receive from the death fund, a retirement payment, will receive a sum equal to the death benefit existing at the time of his retirement.

House of Representatives, September 15, 1986.

Passed to be enacted,

Mary Jane Gibson, Acting Speaker.

In Senate, September 15, 1986.

Passed to be enacted,

William M. Bulger, President.

September 25, 1986.

Approved,

Michael Dukakis, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO BONDS OF OFFICERS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 175 of the General Laws is hereby amended by striking out section 60, as appearing in the 1984 Official Edition, and inserting in place thereof the following section:-

Section 60. The secretary, the treasurer, if any, and each assistant secretary, and each assistant treasurer of such a company shall, before entering upon his duties, give a bond payable to the company conditioned upon the faithful performance of his duties. The bond shall be executed as surety by a surety company authorized to transact business in the commonwealth and shall be in a form satisfactory to the commissioner and in such penal sum as the directors shall prescribe. If the authority of any such surety company to transact business in the commonwealth is terminated, each officer bonded as aforesaid by such surety company shall forthwith execute a new bond in compliance with this section. A secretary or assistant secretary or treasurer or assistant treasurer, who is covered by a blanket bond, which provides comparable coverage to the individual bonds otherwise required by this section, shall not be required to execute an individual bond in compliance with this section. A secretary or assistant secretary or treasurer or assistant treasurer who enters upon or performs any of the duties of his office without having previously executed a bond or is not covered by a blanket bond in compliance with this section shall be punished by a fine of not less than one hundred nor more than five hundred dollars. The secretary shall be a resident of the commonwealth unless the company shall have a resident agent appointed pursuant to section forty-nine of chapter one hundred and fifty-six B.

House of Representatives, October 6, 1986.

Passed to be enacted,

George Tenerian, Speaker.

In Senate, October 6, 1936.

Passed to be enacted,

William H. Bulger, President.

October 16, 1936.

Approved,

William F. Driscoll, Governor.

Chapter 477

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING THE DISBURSEMENT OF INSURANCE PROCEEDS.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to immediately regulate forthwith the disbursement of insurance proceeds, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Section 3B of chapter 139 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:- No insurer shall pay any claims (1) covering the loss, damage, or destruction to a building or other structure, amounting to one thousand dollars or more, or (2) covering any loss, damage or destruction of any amount, which causes the condition of a building or other structure to render section six of chapter one hundred and forty-three applicable, without having at least ten days previously given written notice to the building commissioner or inspector of buildings appointed pursuant to the state building code, to the fire department or arson squad of the city or town and to the board of health or board of selectmen of the city or town in which the same is located.

House of Representatives, October 9, 1986.

Preamble adopted,

George Kuvencaw, Speaker.

In Senate, October 14, 1986.

Preamble adopted,

William M. Bulger, President.

House of Representatives, October 14, 1986.

Bill passed to be enacted,

Robert Convis

Acting
Speaker.

In Senate, October 16, 1986.

Bill passed to be enacted,

William F. Bulger, President.

October 23, 1986.

Approved,

at Four o'clock and 35 minutes, P. M.

William F. Weld, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING MOTOR VEHICLE INSURANCE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

The seventh paragraph of section 113B of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting, after the second sentence, the following sentence:- In establishing the four or more comprehensive claims totalling two thousand dollars or more, claims for damages caused by acts of God shall be excluded.

House of Representatives, October 16, 1986.

Passed to be enacted,

George Kucinich

, Speaker.

In Senate, October 16, 1986.

Passed to be enacted,

William F. Bulger

, President.

October 23, 1986.

Approved

William F. Weld
Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING PUBLIC EMPLOYERS SELF-INSURANCE GROUPS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Notwithstanding the provisions of any general or special law to the contrary, upon application of a public employer self-insurance group holding or applying for a certificate of approval from the commissioner of insurance pursuant to chapter forty M of the General Laws, the commonwealth, acting by and through the secretary of consumer affairs and business regulation, hereinafter referred to as the secretary, shall guarantee the payment of losses by said group, to the extent and in the manner authorized by the provisions of this act, in the event that the group's loss fund and accumulated surplus contributions are insufficient or unavailable to meet such losses. Said secretary may issue rules and regulations to govern the implementation of this act. Such group shall qualify for such guaranty only if its total actual or estimated annual premium monies amount to at least three million dollars, and only if it satisfies all applicable requirements of the rules and regulations promulgated by the secretary pursuant to this act. The total amount of losses guaranteed under this act for all such self-insurance groups shall not exceed ten million dollars in the aggregate.

SECTION 2. The secretary shall approve the form, terms and conditions of a guaranty issued pursuant to this act, and shall execute and deliver on behalf of the commonwealth to a qualifying public employer self-insurance group one or more instruments containing such guaranty and any related agreements containing such terms, conditions and covenants of the commonwealth as said secretary may deem reasonable; provided, however, that the secretary shall issue a preliminary guaranty to a group which does not hold a certificate of approval from the commissioner of insurance pursuant to chapter forty M of the General Laws, and shall issue a full guaranty to such group only when its application for such certificate of approval is granted. Without limiting the generality of the foregoing, such agreements may take the form of a letter of

credit, or an agreement to reimburse the issuer of a letter of credit or other credit facility for expenditures related to payments guaranteed pursuant to section one.

The full guaranty provided to any such group under this act shall terminate after ten years; provided, however, that such guaranty shall apply to any loss occurring during such ten year period. Both a preliminary and a full guaranty under this act shall be deemed to satisfy the aggregate excess insurance requirements of clause (8) of subsection (A) and paragraph (1) of subsection (B) of section four of chapter forty M of the General Laws.

The full faith and credit of the commonwealth shall be pledged for a guaranty provided for in this act.

SECTION 3. Claims by a public employer self-insurance group against a guaranty executed pursuant to this act shall be filed with the secretary. If the secretary finds that the loss fund and accumulated surplus contributions of such group are insufficient to meet losses, the commonwealth shall without further appropriation provide such group the amount necessary to meet such losses in accordance with the terms of the guaranty. Any funds provided to such group pursuant to this section shall be deemed to be a loan to such group, and shall be repaid by such group to the commonwealth from any monies available to such group for such purposes, in accordance with a schedule to be determined by the secretary, but in no event shall such schedule provide for the term of any such loan to be greater than five years. The amount of such loan shall not bear interest prior to repayment or reimbursement.

SECTION 4. In the event that any public employer self-insurance group which receives a loan pursuant to section three is unable to repay such loan because it becomes insolvent or for any other reason, the individual members of such group shall repay such loan, and the secretary shall assess such members for this purpose.

SECTION 5. Any public employer self-insurance group which is issued a guaranty pursuant to this act shall report at least annually on its operations to the secretary and to the house and senate committees on ways and means. Such report shall document such progress of such group in accumulating sufficient loss reserves or in obtaining reinsurance to satisfy the aggregate excess insurance requirement of chapter forty M of the General Laws after such guaranty terminates. Such report shall also include the names of any public employers who are denied membership in such group or whose membership is ter-

minated, and the reasons for such denial or termination. The secretary shall report immediately to the house and senate committees on ways and means in the event that it becomes necessary to make loans and issue bonds pursuant to this act, or in the event that said secretary determines that further guaranties are not needed because the purchase of commercial reinsurance is feasible or for any other reason.

SECTION 6. For the purpose of providing funds to make loans pursuant to section three, the state treasurer shall, upon the request of the governor, issue and sell bonds of the commonwealth in an amount to be specified by the governor from time to time, but not exceeding, in the aggregate, the sum of ten million dollars. All bonds issued by the commonwealth as aforesaid shall be designated on their face, Massachusetts Municipal Self-Insurance Group Loan, Act of 1986. Such bonds shall be issued for such maximum term of years, not exceeding twenty years as the governor may recommend to the general court pursuant to Section 3 of Article LXII of the Amendments to the Constitution of the Commonwealth; provided, however, that all such bonds shall be payable not later than June thirtieth, two thousand and seventeen. Bonds and interest thereon issued by the commonwealth under the authority of this section shall, notwithstanding any other provisions of this act, be general obligations of the commonwealth.

SECTION 7. The state treasurer may borrow from time to time on the credit of the commonwealth such sums of money as may be necessary for the purpose of meeting payments authorized by section two of this act and may issue and renew from time to time notes of the commonwealth therefor, bearing interest payable at such time and at such rates as shall be fixed by the state treasurer. Such notes shall be issued and may be renewed one or more times for such terms, not exceeding one year, as the governor may recommend to the general court pursuant to Section 3 of Article LXII of the Amendments to the Constitution of the Commonwealth, but the final maturities of such notes, whether original or renewal, shall not be later than June thirtieth, nineteen hundred and ninety-seven. Notes and interest thereon issued under the authority of this section shall, notwithstanding other provisions of this act, be general obligations of the commonwealth.

House of Representatives, October 22, 1986.

Passed to be enacted,

George Tavenian Speaker.

In Senate, October 22, 1986.

Passed to be enacted,

William M. Bulger, President.

October 29, 1986.

Approved,

Edmund P. Gove Governor.



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE DEPARTMENT
 STATE HOUSE • BOSTON 02133

MICHAEL S. DUKAKIS
 GOVERNOR

October 29, 1986

The Honorable Michael Joseph Connolly
 Secretary of the Commonwealth
 State House, Room 340
 Boston, MA 02133

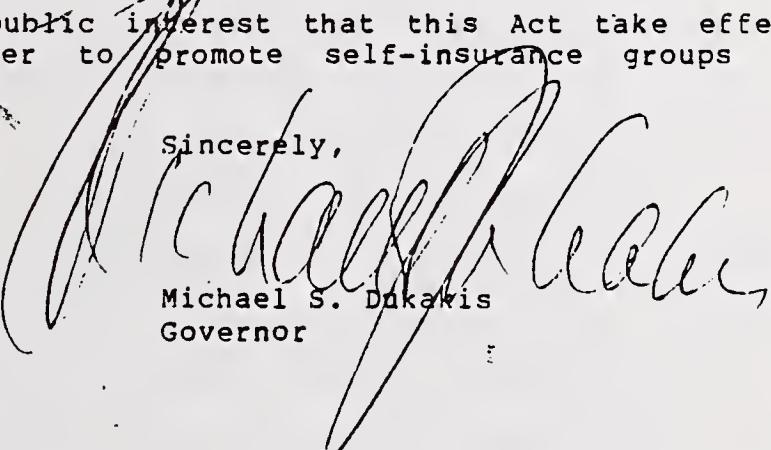
Dear Secretary Connolly:

I, Michael S. Dukakis, pursuant to the provisions of Article XLVIII of the Amendments of the Constitution, the Referendum II, Emergency Measures, hereby declare, in my opinion, the immediate preservation of the public peace, health, safety or convenience requires that the attached Act, Chapter of the Acts of 1986, entitled "An Act Further Regulating Public Employers Self-Insurance Groups," the enactment of which received my approval on October 29, 1986, should take effect forthwith.

I further declare that in my opinion said law and the facts constituting the emergency are as follows:

It is in the public interest that this Act take effect immediately in order to promote self-insurance groups in municipalities.

Sincerely,

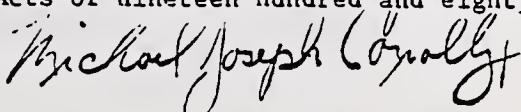

 Michael S. Dukakis
 Governor

OFFICE OF THE SECRETARY,

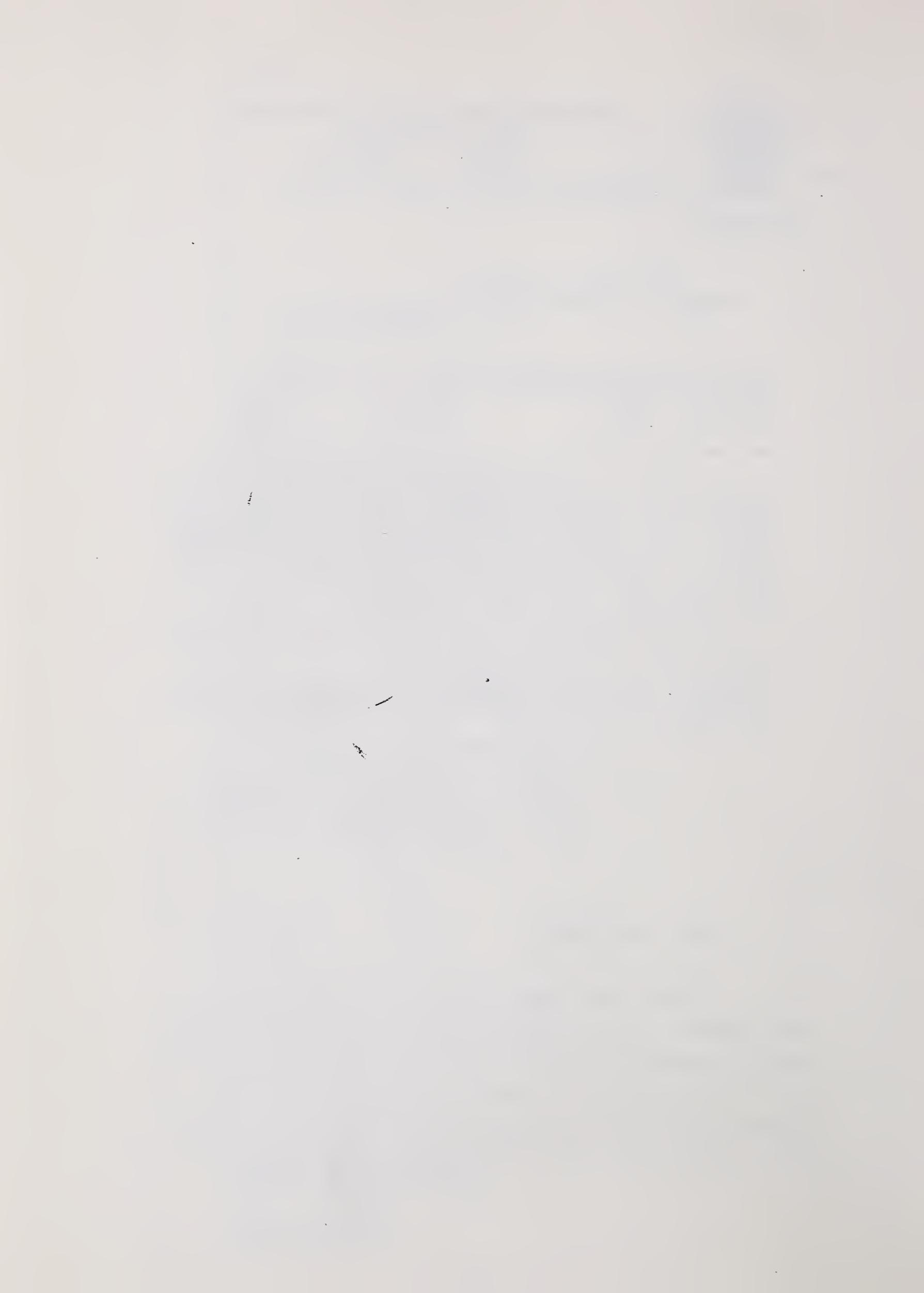
Boston,

October 29, 1986.

I, Michael Joseph Connolly, Secretary of State, hereby certify that the accompanying statement was filed in this Office by His Excellency the Governor of the Commonwealth of Massachusetts at two o'clock and thirty-one minutes, P. M., on the above date, and in accordance with Article Forty-eight of the Amendments to the Constitution said Chapter takes effect forthwith, being chapter four hundred and ninety-one of the Acts of nineteen hundred and eighty-six.



MICHAEL JOSEPH CONNOLLY,
 Secretary of State.



THE COMMONWEALTH OF MASSACHUSETTS

*In the Year One Thousand Nine Hundred and Eighty-six***AN ACT RELATIVE TO LIFE INSURANCE COMPANY SEPARATE ACCOUNTS.**

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 132F of chapter 175 of the General Laws is hereby further amended by striking out the fifth and sixth paragraphs, as most recently amended by section 13 of chapter 745 of the acts of 1985, and inserting in place thereof the following two paragraphs:-

The life company's reserve liability under a pension contract with respect to benefits payable in fixed and guaranteed dollar amounts and with respect to funds guaranteed as to principal amount or stated rate of interest may be maintained in a separate account (i) if the portion of the assets of such separate account which is allocated to the funding agreement with respect to such pension contract shall be invested in accordance with the requirements applicable to the life company's general investment account; provided, however, that such guaranteed separate account need not comply with the requirement of paragraph 14A of section sixty-three, to the effect that not more than one-half of the reserve of any domestic stock or mutual life company shall be invested in corporate obligations authorized under said paragraph 14A, and shall be valued and computed as provided in section twenty-five, or (ii) if the insurer shall annually prepare, an actuarial opinion that, after taking into account any risk charge payable from the assets of such separate account with respect to such guarantee, the assets in such separate account make good and sufficient provision for the fixed and guaranteed obligations of the insurer under such pension contract, and such opinion shall be accompanied by a memorandum of the actuary providing the opinion describing the calculations made in support of such opinion and the assumptions used in the calculations. Such actuarial opinion and accompanying memorandum shall be maintained in the insurer's home office and be available for examination. To the extent that a pension contract provides for the payment of benefits in variable dollar amounts, the life company's reserve liability for such benefits shall be in

accordance with actuarial procedures which recognize the variable nature of the benefits to be provided.

Except as required by clause (i) of the preceding paragraph, the life company's assets relating to separate accounts shall be valued at their market value at the date as of which valued in accordance with the terms of the applicable agreements, or if there is no readily available market, then in accordance with the terms of such agreements.

SECTION 2. Section 132G of said chapter 175, as amended by section 2 of chapter 622 of the acts of 1985, is hereby further amended by striking out the third and fourth paragraphs and inserting in place thereof the following two paragraphs:-

Except as otherwise provided in clause (i) of following paragraph, assets in any separate account shall be valued at their market value at the date as of which valued in accordance with the terms of the applicable contracts, or if there is no readily available market, then in accordance with the terms of such contracts. Separate account assets and liabilities shall be included in the annual statement required by section twenty-five.

The life company's reserve liability for contracts on a variable basis shall be in accordance with actuarial procedures which recognize the variable nature of the benefits, payments or values to be provided. A contract on a variable basis may provide for benefits payable in fixed amounts and for values or funds guaranteed as to principal amount or stated rate of interest; provided, that to the extent, that the life company's reserve liability with respect to guaranteed benefits, values or funds is maintained in any separate account, either (i) a portion of the assets of such separate account at least equal to such reserve liability shall be invested in accordance with the requirements applicable to the life company's general investment account; provided, however, that such guaranteed separate account need not comply with the requirement of paragraph 14A of section sixty-three to the effect that not more than one-half of the reserve of any domestic stock or mutual life company shall be invested in corporate obligations authorized under said paragraph 14A, and shall be valued and computed as provided in section twenty-five or (ii) the insurer shall annually prepare an actuarial opinion that, after taking into account any risk charge payable from the assets of such separate account with respect to such guarantee, the assets in such separate account make good and sufficient provision for the fixed and guaranteed obligations of

the insurer under such contract, and such opinion shall be accompanied by a memorandum of the actuary providing the opinion describing the calculations made in support of such opinion and the assumptions used in the calculations. Such actuarial opinion and accompanying memorandum shall be maintained in the insurer's home office and be available for examination.

House of Representatives, October 23, 1986.

Passed to be enacted,

 George L. Netherland, Speaker.

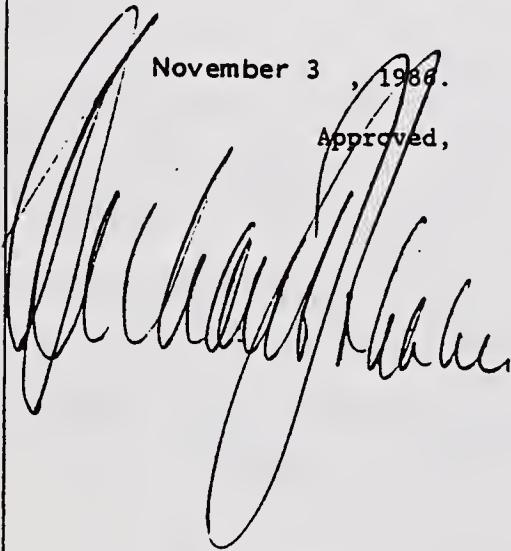
In Senate, October 23, 1986.

Passed to be enacted,

 William M. Bulger, President.

November 3, 1986.

Approved,

 Michael J. Dukakis Governor.



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

MICHAEL S. DUKAKIS
GOVERNOR

November 3, 1986

The Honorable Michael Joseph Connolly
Secretary of the Commonwealth
State House, Room 340
Boston, MA 02133

Dear Secretary Connolly:

I, Michael S. Dukakis, pursuant to the provisions of Article XLVIII of the Amendments of the Constitution, the Referendum II, Emergency Measures, hereby declare, in my opinion, the immediate preservation of the public peace, health, safety or convenience requires that the attached Act, Chapter 496 of the Acts of 1986, entitled "An Act Relative To Life Insurance Company Separate Accounts", the enactment of which received my approval on November 3, 1986 1986, should take effect forthwith.

I further declare that in my opinion said law and the facts constituting the emergency are as follows:

It is in the public interest that this Act take effect immediately in order to promote the orderly administration of life insurance company separate accounts.

Sincerely,

Michael S. Dukakis
Governor

OFFICE OF THE SECRETARY,

Boston,

November 3, 1986.

I, Michael Joseph Connolly, Secretary of State, hereby certify that the accompanying statement was filed in this Office by His Excellency the Governor of the Commonwealth of Massachusetts at ten o'clock and twenty-eight minutes, A. M., on the above date, and in accordance with Article Forty-eight of the Amendments to the Constitution said Chapter takes effect forthwith, being chapter four hundred and ninety-six of the Acts of nineteen hundred and eighty-six.

Michael Joseph Connolly
MICHAEL JOSEPH CONNOLLY,
Secretary of State.

THE COMMONWEALTH OF MASSACHUSETTS

*In the Year One Thousand Nine Hundred and Eighty-six***AN ACT RELATIVE TO THE PAYMENT OF BENEFITS BY THE NEW BEDFORD POLICE ASSOCIATION.**

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 188 of the acts of 1969 is hereby amended by striking out section 1 and inserting in place thereof the following section:-

Section 1. The New Bedford Police Association, a corporation duly established under the laws of the commonwealth, is hereby authorized, upon the resignation or retirement from the police department of the city of New Bedford of any member in good standing who has been a member for at least ten years or who has been pensioned from such police department for an injury or other disability, to pay such member such sum, not exceeding thirty-five hundred dollars, as may be determined by vote of the directors of said corporation. Any amount so paid shall reduce the death benefit otherwise payable on the death of such member.

SECTION 2. This act shall take effect upon its passage.

House of Representatives, October 23, 1986.

Passed to be enacted,

, Speaker.

In Senate, October 23, 1986.

Passed to be enacted,

, President.

November 4, 1986.

Approved,

at Twelve o'clock and 40 minutes, P. M.

Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT LIMITING THE AMOUNT OF FIRE INSURANCE FOR CERTAIN POLICIES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 183 of the General Laws is hereby amended by adding the following section:-

Section 66. A bank, lending institution, mortgage company or any mortgagor doing business in the commonwealth, when making a mortgage loan, shall not require, as a condition of a mortgage or as a term of a mortgage deed, that the mortgagor purchase casualty insurance on property which is the subject of the mortgage in an amount in excess of the replacement cost of the buildings or appurtenances on the mortgaged premises.

For purposes of this section, a bank, lending institution, mortgage company or mortgagor shall include, but not be limited to, any bank as defined in section one of chapter one hundred and sixty-seven, any national bank, national banking association, federal savings bank, federal savings and loan association and federal credit union. The terms "replacement cost", "buildings" or "appurtenances" as used in this section shall be consistent in meaning with such terms as used in policy forms approved by the commissioner of insurance.

SECTION 2. This act shall apply to all mortgage loans made on or after April first, nineteen hundred and eighty-seven.

House of Representatives, November 19, 1986.

Passed to be enacted,

Mary Jane Gilan, Speaker.
Acting

In Senate, November 20, 1986.

Acting

, President.

Passed to be enacted,

December 2, 1986.

Approved,

Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO AUTO INSURANCE COMPANIES AWARDING INTEREST ON OVERPAYMENT OF INSURANCE PREMIUMS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 175 of the General Laws is hereby amended by inserting after section 113Q the following section:-

Section 113R. Every insurer offering motor vehicle liability insurance and related coverages shall pay interest on refunds of overpayments to those insured paying premiums in full based on an estimated premium. Such interest shall include interest in the amount charged policyholders for overdue payments.

House of Representatives, December 3, 1986.

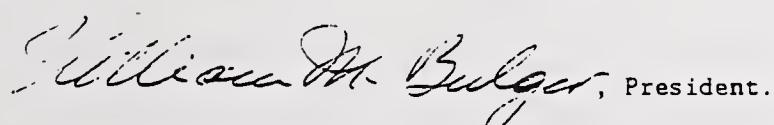
Passed to be enacted,



George J. Euerian, Speaker.

In Senate, December 3, 1986.

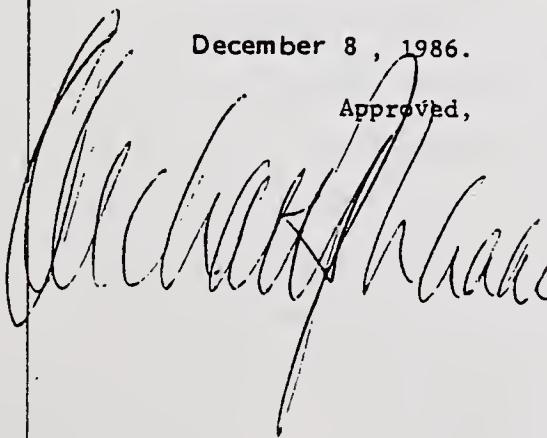
Passed to be enacted,



William F. Bulger, President.

December 8, 1986.

Approved,



Michael D. Dukakis, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE APPLICATION OF CERTAIN INSURANCE BENEFITS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 110 of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out, in line 194, the word "in" and inserting in place thereof the words:- within or without the commonwealth and which covers residents of.

SECTION 2. The first paragraph of section 110D of said chapter 175, as so appearing, is hereby amended by adding the following sentence:- The provisions of this paragraph shall apply to any policy issued or renewed within or without the commonwealth and which covers residents of the commonwealth.

SECTION 3. The first paragraph of section 110G of said chapter 175, as so appearing, is hereby amended by inserting after the word "plan", in line 2, the words:- issued or delivered within or without the commonwealth and which covers residents of the commonwealth.

SECTION 4. The second paragraph of said section 110G of said chapter 175, as so appearing, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:- In addition, whenever such group hospital, surgical, medical insurance plan or employer's plan covering health benefits is issued or subsequently renewed within or without the commonwealth by agreement between the insurer and the policyholder and covers residents of the commonwealth, during the period this provision is effective, such plan shall include coverage such that when a member of such group plan becomes ineligible for continued participation in such plan because he is an employee whose employment is terminated due to a plant closing or covered partial closing, as those terms are defined in section seventy-one A of chapter one hundred and fifty-one A, the coverage originally provided by such plan for the member and his dependents shall continue as provided herein, for a period of ninety days from the date of ineligibility or until such member and his dependents become eligible for benefits under another group plan, whichever comes first.

SECTION 5. Subsection (a) of section 110I of said chapter 175, as so appearing, is hereby amended by adding the following sentence:- The provision of this section shall apply to any policy issued or renewed within or without the commonwealth and which covers residents of the commonwealth.

House of Representatives, December 4, 1986.

Passed to be enacted,

George Lenczwa, Speaker.

In Senate, December 4, 1986.

Passed to be enacted,

William M. Bulger, President.

December 9, 1986.

Approved,

Edmund J. Gove, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO EXAMINATIONS OF DOMESTIC LIFE INSURANCE COMPANIES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Section 4 of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out, in line 22, the word "three" and inserting in place thereof the following word:- five.

House of Representatives, December 5, 1986.

Passed to be enacted,

Speaker of the House, Acting Speaker.

In Senate, December 5, 1986.

Passed to be enacted,

William F. Bulger, President.

December 17, 1986.

Approved,

Michael Dukakis, Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT REQUIRING HOME CARE SERVICES TO BE INCLUDED IN GROUP HEALTH INSURANCE POLICIES, EMPLOYEES HEALTH AND WELFARE FUNDS, GROUP HOSPITAL SERVICE CONTRACTS AND GROUP MEDICAL SERVICE CONTRACTS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 110 of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by adding the following subdivision:-

. (K) No group medical benefits contract shall be delivered or issued or renewed for delivery by an insurance company, to any group of persons in this Commonwealth and no employees health and welfare funds shall be promulgated or renewed to any group of persons in this Commonwealth unless persons covered under such group contract or fund will be eligible for benefits for expenses arising from the provisions of home care services. "As used in this subdivision, the words "Home care services", shall mean health care services for a patient provided by a public or private home health agency which meets the standards of service of the purchaser of service, provided in a patient's residence; provided, however, that such residence is neither a hospital nor an institution primarily engaged in providing skilled nursing or rehabilitation services. Said services shall include, but not be limited to, nursing and physical therapy. Additional services such as occupational therapy, speech therapy, medical social work, nutritional consultation, the services of a home health aid and the use of durable medical equipment and supplies shall be provided to the extent such additional services are determined to be a medically necessary component of said nursing and physical therapy. Benefits for home care services shall apply only when such services are medically necessary and provided in conjunction with a physician approved home health services plan.

SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 8H, inserted by section 4 of chapter 35 of the acts of 1986, the following section:-

Section 8I. Any subscription certificate under a group nonprofit hospital service agreement, except certificates which provide supplemental coverage to medicare or other governmental programs which shall be delivered, issued or renewed in the commonwealth, shall provide, as benefits to all group members having a principal place of employment within the commonwealth, for the expense of medically necessary health care services determined to be medically necessary and provided by a participating home health agency to a member in his residence; provided, however, that such residence is neither a hospital nor an institution primarily engaged in providing skilled nursing or rehabilitation services. Said services shall include, but not be limited to, nursing and physical therapy. Additional services such as occupational therapy, speech therapy, medical social work, nutritional consultation services, the services of a home health aid and the use of durable medical equipment and supplies shall be provided to the extent such additional services are determined to be a medically necessary component of said nursing and physical therapy. Said benefits for home care services shall meet all other terms and conditions of the subscriber certificate. The provisions of this section shall not apply to group insurance plans issued pursuant to the provisions of chapter thirty-two B.

SECTION 3. Section 3 of chapter 176D of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out clause (4) and inserting in place thereof the following clause:-

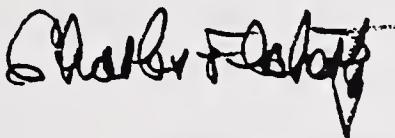
(4) Boycott, coercion and intimidation: entering into any agreement to commit, or by any concerted action committing, any act of boycott, coercion or intimidation resulting in or tending to result in unreasonable restraint of, or monopoly in, the business of insurance; any refusal by a nonprofit hospital service corporation, medical service corporation, insurance or health maintenance organization to negotiate, contract or affiliate with a health care facility or provider because of such facility's or provider's contracts or affiliations with any other nonprofit hospital service corporation, medical service corporation, insurance company or health maintenance organization; or any nonprofit hospital service corporation, medical service corporation, insurance company or health maintenance organization establishing the price to be paid to any health care facility or provider at a level equal to the lowest price paid to such facility or provider under a contract with any other nonprofit hospital service corporation, medical service corporation, insurance company, health maintenance organization or government payor.

SECTION 4. Chapter 176G is hereby amended by inserting after section 4A the following section:-

Section 4B. Any group health maintenance contract shall provide coverage for home care services as set forth in clause (k) of section one hundred and ten of chapter one hundred and seventy-five.

House of Representatives, December 5, 1986.

Passed to be enacted,


Acting Speaker.

In Senate, December 5, 1986.

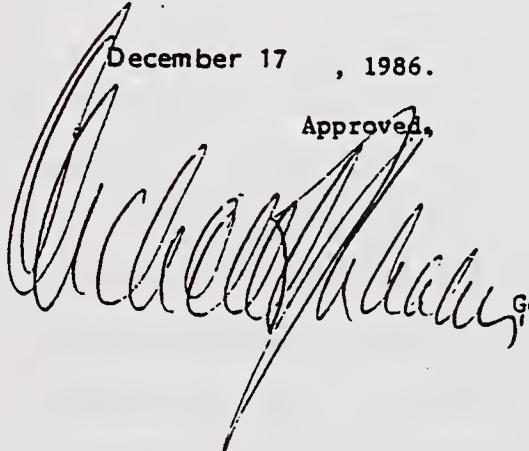
Passed to be enacted,


William F. Bulger

, President.

December 17, 1986.

Approved,


Michael J. Doherty Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO AUTOMOBILE INSURANCE RATES.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to immediately control automobile insurance rates, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The first paragraph of section 113B of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the first sentence the following three sentences:-

The commissioner upon the basis of information which shall be filed by the Massachusetts Automobile Rating and Accident Prevention Bureau or any successor organization thereto, shall determine whether insurance companies utilize adequate programs to control costs and expenses, in accordance with standards determined or approved by the commissioner. At a minimum, such programs shall be designed to have a material impact on premium charges by reducing costs and expenses incurred by insurance companies. In the event the Massachusetts Automobile Rating and Accident Prevention Bureau fails to make such filing, or if the commissioner determines that the filing is deficient or that the programs are inadequate, the commissioner shall limit in any manner he determines to be appropriate the amount of any adjustment in premium charges based upon changes in costs and expenses.

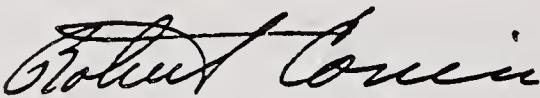
SECTION 2. The commissioner of insurance shall notify the general court by filing a report with the clerk of the house of representatives who shall forward such report to the senate and house committees on ways and means and the joint committee on insurance of the savings realized by the programs set forth in section one of this act; said report shall be filed as of January first, nineteen hundred and eighty-eight.

SECTION 3. The commissioner of insurance shall be required to employ a qualified actuary for the purpose of implementing the provisions of section

one hundred and thirteen B of chapter one hundred and seventy-five of the General Laws.

House of Representatives, December 16, 1986.

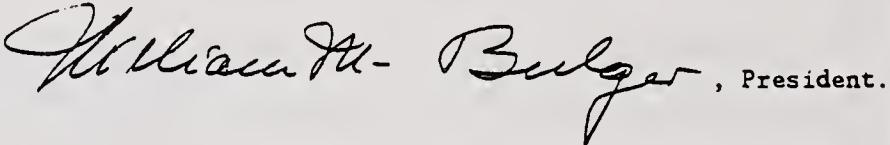
Preamble adopted,



Acting
Speaker.

In Senate, December 16, 1986.

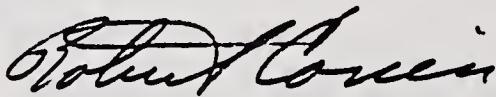
Preamble adopted,



President.

House of Representatives, December 16, 1986.

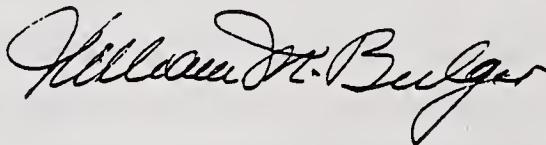
Bill passed to be enacted,



Acting
Speaker.

In Senate, December 16, 1986.

Bill passed to be enacted,

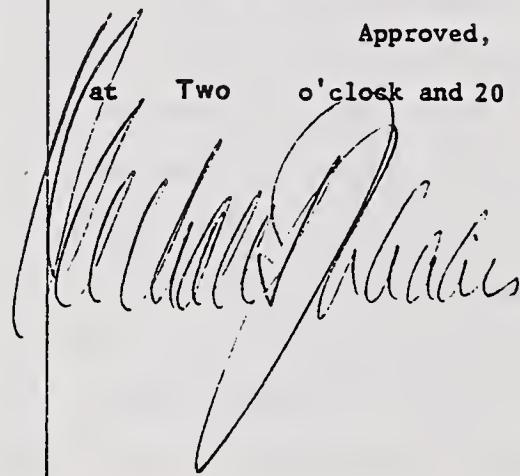


President.

December 23, 1986.

Approved,

at Two o'clock and 20 minutes, P. M.


Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE HAZARDOUS WASTE INSOLVENCY FUND.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The definition of "covered claim" in section 15 of chapter 21C of the General Laws, as appearing in section 1 of chapter 10 of the acts of 1986, is hereby amended by striking out, in line 4, the words "eighty-seven" and inserting in place thereof the following words:- eighty-eight.

SECTION 2. Section 19 of said chapter 21C, as so appearing, is hereby amended by striking out, in line 8, the words "eighty-seven" and inserting in place thereof the following words:- eighty-eight.

SECTION 3. Section 4 of said chapter 10 of the acts of 1986 is hereby amended by striking out, in line 4, the words "eighty-seven" and inserting in place thereof the following words:- eighty-eight.

SECTION 4. The second paragraph of section 4A of said chapter 10 is hereby amended by striking out, in line 4, the words "July first, nineteen hundred and eighty-six" and inserting in place thereof the following words:- October first, nineteen hundred and eighty-eight.

SECTION 5. Section 6 of said chapter 10 is hereby amended by striking out, in line 3, the words "eighty-seven" and inserting in place thereof the following words:- eighty-eight.

House of Representatives, December 9, 1986.

Passed to be enacted,

George Keverian, Speaker.

In Senate, December 11, 1986.

Passed to be enacted,

William M. Bulger, President.

December 23, 1986.

Approved,

Governor.

Edmund J. Gove

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT RELATIVE TO THE REPLACEMENT OF LIFE INSURANCE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 175 of the General Laws is hereby amended by adding after section 196, added by section 16 of chapter 223 of the acts of 1985, the following seven sections:-

Section 197. The following words as used in sections one hundred and ninety-seven to two hundred and three, inclusive, shall, unless the context clearly requires otherwise, have the following meanings:

"Conservation", any attempt by the existing insurer or its agent or broker to dissuade a policy owner from the replacement of existing life insurance or annuity. Conservation does not include routine administrative procedures such as late payment reminders, late payment offers or reinstatement offers.

"Direct-response sales", any sale of life insurance or annuity where the insurer does not utilize an agent in the sale or delivery of the policy.

"Existing insurer", the insurance company whose policy is or will be changed or terminated as provided in the definition of "replacement".

"Existing life insurance or annuity", any life insurance or annuity in force, including life insurance under a binding or conditional receipt or a life insurance policy or annuity that is within an unconditional refund period.

"Registered contract", variable annuities, investment annuities, variable life insurance under which the death benefits and cash values vary in accordance with unit values of investments held in a separate account, or any other contracts issued by life insurance companies which are registered with the federal Securities and Exchange Commission.

"Replacement", any transaction in which new life insurance or a new annuity is to be purchased, and it is known or should be known to the proposing agent or broker or to the proposing insurer if there is no agent, that by reason of such transaction, existing life insurance or annuity has been or is to be:

- (a) lapsed, forfeited, surrendered or otherwise terminated;
- (b) converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;
- (c) amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
- (d) reissued with any reduction in cash value; or
- (e) pledged as collateral or subjected to borrowing, whether in a single loan or under a schedule or borrowing over a period of time for amounts in the aggregate exceeding twenty-five per cent of the loan value set forth in the policy.

"Replacing insurer", the insurance company that issues or proposes to issue a new policy or contract which is a replacement of existing life insurance or annuity.

Section 198. Unless otherwise specifically included, sections one hundred and ninety-seven to two hundred and three, inclusive, shall not apply to transactions involving:

- (a) credit life insurance;
- (b) group life insurance or group annuities;
- (c) proposed life insurance that is to replace life insurance under a binding or conditional receipt issued by the same company;
- (d) transactions where the replacing insurer and the existing insurer are the same, or are subsidiaries or affiliates under common ownership or control; provided, however, that agents or brokers proposing replacement shall comply with the requirements for agents who initiate the application;
- (e) insurance paid for wholly or partly by the insured's employer or by an association of which the insured is a member, or insurance in a qualified pension, profit sharing or other benefit plan;
- (f) life insurance policies issued in connection with a pension, profit-sharing or other benefit plan qualifying for tax deductibility of premiums.

Registered contracts shall be exempt from the provisions requiring policy summary or ledger statement information; provided however, that premium or contract contribution amounts and identification of the appropriate prospectus or offering circular shall be required in lieu thereof.

Section 199. Each agent or broker who initiates the application shall submit to the insurer to which an application for life insurance or annuity is presented, with or as part of each application:

(a) a statement signed by the applicant as to whether replacement of existing life insurance or annuity is involved in the transaction; and

(b) a signed statement as to whether the agent or broker knows replacement is or may be involved in the transaction.

Where a replacement is involved, the agent or broker shall

(a) present to the applicant, not later than at the time of taking the application, a "Notice Regarding Replacement" in the following form or other substantially similar form approved by the insurance commissioner. The notice shall be signed by both the applicant and the agent or broker and left with the applicant.

**NOTICE REGARDING REPLACEMENT REPLACING YOUR
LIFE INSURANCE POLICY OR ANNUITY?**

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one, or a mistake. You will not know for sure unless you make careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

List below the identification of policies which are involved in the replacement transaction.

Applicant's Signature

Date

Agent's Signature

Contract Number

Contract Number

Contract Number

(b) obtain with or as part of each application a list of all existing life insurance and annuity to be replaced and identified by name of insurer, the insured and contract number. If a contract number has not been assigned

by the existing insurer, alternative identification, such as an application or receipt number, shall be listed.

(c) leave with the applicant the original or a copy of written or printed communications used for presentation to the applicant.

(d) submit to the replacing insurer with the application a copy of the replacement notice; and

Each agent or broker who uses written or printed communications in a conservation shall leave with the applicant the original or a copy of such materials used.

Section 200. Each insurer shall:

(a) inform its representatives or other personnel responsible for compliance with this section of the requirements of this section; and

(b) require with or as a part of each completed application for life insurance or annuity a statement signed by the applicant as to whether such proposed insurance or annuity will replace existing life insurance or annuity.

Section 201. Each insurer that uses an agent or broker in a life insurance or annuity sale shall:

(a) require with or as part of each completed application for life insurance or annuity, a statement signed by the agent or broker as to whether he or she knows replacement is or may be involved in the transaction; and

(b) where a replacement is involved:

(i) require from the agent or broker with the application for life insurance or annuity (1) a list of all of the applicant's existing life insurance or annuity to be replaced; and (2) a copy of the replacement notice provided the applicant. Such existing life insurance or annuity shall be identified by name of insurer, insured and contract number. If a number has not been assigned by the existing insurer, alternative identification, such as an application or receipt number, shall be listed.

(ii) send to each existing insurer a written communication advising of the replacement or proposed replacement and the identification information obtained, pursuant to paragraph (i) of this subsection and a policy summary, contract summary or ledger statement containing policy data on the proposed life insurance or annuity as required. Cost indices and equivalent level annual dividends figures need not be included in the policy summary or ledger statement. This written communication shall be made within seven working days of the date the application is received in the replacing insurer's home or re-

gional office, or the date the proposed policy or contract is issued, whichever is sooner.

(iii) require that each existing insurer, or such insurer's agent or broker that undertakes a conservation shall, within twenty days from the date the written communication and the materials required in paragraphs (i) and (ii) is received by the existing insurer, furnish the policy owner with a policy summary for the existing life insurance or a ledger statement containing policy data on the existing policy or annuity. Such policy summary or ledger statement shall be completed in accordance with rules established by the commissioner of insurance, except that information relating to premiums, cash values, death benefits and dividends, if any, shall be computed from the current policy year of the existing life insurance. The policy summary or ledger statement shall include the amount of any outstanding indebtedness, the sum of any dividend accumulations or additions, and may include any other information that is not in violation of any regulation or statute. Cost indices and equivalent level annual dividend figures need not be included. The replacing insurer may request the existing insurer to furnish it with a copy of the summaries or ledger statement, which shall be furnished within five working days of the receipt of the request.

(c) in the case of a replacing insurer, maintain evidence of the notice regarding replacement, the policy summary, the contract summary and any ledger statements used. The existing insurer shall maintain evidence of policy summaries, contract summaries or ledger statements used in any conservation. Evidence that all requirements were met shall be maintained for at least three years or until the conclusion of the next succeeding regular examination by the Insurance Department of its state of domicile, whichever is earlier.

(d) in the case of a replacing insurer shall provide in its policy or in a separate written notice which is delivered with the policy that the applicant has a right to an unconditional refund of all premiums paid, which right may be exercised within a period of twenty days commencing from the date of delivery of the policy.

Section 202. If in the solicitation of a direct response sale, the insurer did not propose the replacement, and a replacement is involved, the insurer shall send to the applicant with the notice regarding replacement or other substantially similar form approved by the commissioner. In such instances the insurer may delete the last sentence and the references to signatures from

such notice without having to obtain approval of the form from the commissioner.

If the insurer proposed the replacement it shall:

(i) provide to applicants or prospective applicants with or as a part of the application a notice regarding replacement exhibit A or other substantially similar form approved by the commissioner;

(ii) request from the applicant with or as part of the application, a list of all existing life insurance or annuity to be replaced and properly identified by name of insurer and insured; and

(iii) send to each existing insurer a written communication advising of the replacement or proposed replacement and the identification information obtained, pursuant to paragraph (i) of subsection (b) of section two hundred and one of an insurer's responsibility where a replacement is involved, and a policy summary, contract summary or ledger statement containing policy data on the proposed life insurance or annuity as required by the commissioner.

Cost indices and equivalent level annual dividend figures need not be included in the policy summary or ledger statement. This written communication shall be made within seven working days of the date the application is received in the replacing insurer's home or regional office, or the date the proposed policy or contract is issued, whichever is sooner, if the applicant furnishes the names of the existing insurers; and the replacing insurer shall maintain evidence of the notice regarding replacement, the policy summary, the contract summary and any ledger statements used. The existing insurer shall maintain evidence of policy summaries, contract summaries or ledger statements used in any conservation. Evidence that all requirements were met shall be maintained for at least three years or until the conclusion of the next succeeding regular examination by the insurance department of its state of domicile, whichever is earlier.

Section 203. A violation of sections one hundred and ninety-seven to two hundred and three, inclusive, shall occur if an agent, broker or insurer recommends the replacement or conservation of an existing policy by use of a substantially inaccurate presentation or comparison of an existing contract's premiums and benefits or dividends and values, if any.

Patterns of action by policy owners who purchase replacing policies from the same agent or broker, after indicating on applications that replacement is not involved, shall be deemed prima facie evidence of the agent's or broker's

knowledge that replacement was intended in connection with sale of those policies, and such patterns of action shall be deemed prima facie evidence of the agent's or broker's intent to violate the provisions of sections one hundred and ninety-seven to two hundred and three, inclusive.

A replacement of life insurance or annuity which is not transacted pursuant to the requirements of sections one hundred and ninety-seven to two hundred and three, inclusive, is hereby defined as an unfair method of competition and unfair or deceptive acts or practices in the business of insurance.

SECTION 2. Chapter 175 of the General Laws, as amended by section 16 of chapter 223 of the acts of 1985, is hereby further amended by adding the following section:-

Section 197. The commissioner shall, after notice and hearing pursuant to chapter thirty A, promulgate regulations governing the replacement of life insurance policies and annuities. Such regulations shall be based upon the model regulation governing replacement of life insurance and annuities developed by the National Association of Insurance Commissioners. Such regulations shall, in addition to other provisions, require the delivery of a notice regarding replacement of a life insurance policy or annuity contract.

SECTION 3. Section two shall take effect on January first, nineteen hundred and eighty-seven.

SECTION 4. Section one shall take effect on July first, nineteen hundred and eighty-seven. The commissioner of insurance shall promulgate regulations pursuant to section two and file copies thereof with the clerk of the house and with the clerk of the senate on or before June first, nineteen hundred and eighty-seven. When said rules are so filed, section one shall not take effect. If the commissioner of insurance does not promulgate said regulations pursuant to section two of this act and does not so file on or before June first, nineteen hundred and eighty-seven, section two is hereby repealed as of June second, nineteen hundred and eighty-seven.

House of Representatives, December 15, 1986.

Passed to be enacted,

Mary Jane Gishom Acting
Speaker.

In Senate, December 15, 1986.

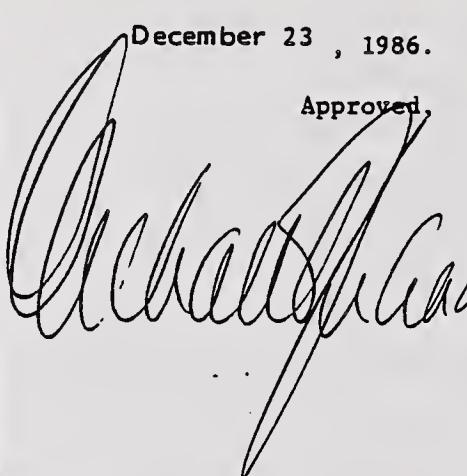
Passed to be enacted,



, President.

December 23, 1986.

Approved,



Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING MARINE INSURANCE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 94A of chapter 175 of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by inserting after the definition of "Domestic exchange" the following definition:-

"Fishing vessel", any vessel, boat, ship or other craft which is used for, equipped to be used for, or a type which is normally used for fishing, or aiding or assisting one or more vessels at sea in the performance of any activity relating to fishing, including, but not limited to, preparation, supply, storage, refrigeration, transportation or processing.

SECTION 2. Section 94B of said chapter 175, as so appearing, is hereby amended by striking out, in line 2, the word "designated" and inserting in place thereof the words:- , including any association of same holding legal title of ownership to a fishing vessel or vessels, designated.

SECTION 3. Section 94D of said chapter 175, as so appearing, is hereby amended by inserting before the first paragraph the following three paragraphs:-

Organizers of a domestic exchange, having obtained a preliminary certificate to solicit subscribers, under section ninety-four C, may obtain a provisional certificate of authority to transact business, upon compliance with the requirements hereinafter provided. Said certificate shall be valid for a period of one hundred and eighty days from the date of issuance. Upon the expiration of said period, the exchange shall petition the commissioner for a permanent certificate of authority to transact business as hereinafter described.

A domestic exchange, in order to obtain a provisional certificate of authority to transact business, shall file with the commissioner an application therefore, accompanied by a declaration signed and sworn to by its attorney in fact setting forth the information required by paragraphs (a) to (k), inclusive. For the purposes of said provisional certifying period, the minimum

number of contracts or bona fide applications for insurance shall be at least twenty-five separate risks, aggregating not less than one million two hundred and fifty thousand dollars.

For the purpose of said provisional certifying period, the surplus fund described in paragraph (g), shall be at least one hundred thousand dollars. Any increase in the minimum number of insurance contracts described in subsection (h), during the provisional certifying period, shall be accompanied by a pro rata increase of said surplus fund.

SECTION 4. Section 94D of said chapter 175, as so appearing, is hereby amended by striking out, in line 40, the words "one hundred" and inserting in place thereof the following word:- fifty.

SECTION 5. Said section 94D of said chapter 175, as so appearing, is hereby further amended by adding the following paragraph:-

(k) Any reinsurance contracts entered into by such exchanges must be obtained in accordance with the laws of the commonwealth and in amounts adequate to satisfy the commissioner.

SECTION 6. Section 94F of said chapter 175, as so appearing, is hereby amended by inserting after the word "five", in line 8, the words:- ; provided, however, that no license for a reciprocal insurance exchange consisting of subscribers who are commercial fishing boat owners shall be issued until the applicant has submitted to the commissioner the standards of risk management to be used in evaluating admissions and policy renewals, and until such standards have been certified by the commissioner as being reasonably calculated to provide a risk low enough to permit the reciprocal insurance exchange to remain solvent.

SECTION 7. Section 94H of said chapter 175, as so appearing, is hereby amended by inserting after the word "business", in line 6, the words:- , except that during the provisional certifying period specified in section ninety-four D, said premium reserve shall be prorated to an amount commensurate with the number of contracts held and claims outstanding.

SECTION 8. Said chapter 175 is hereby further amended by striking out section 94I, as so appearing, and inserting in place thereof the following section:-

Section 94I. A reciprocal insurance exchange shall not be required to make any annual report, except as provided in this section.

Every reciprocal insurance exchange shall file annually, on or before March first, or sixty days from such date authorized by the commissioner, with the commissioner a report of its financial condition, verified by oath of its attorney in fact, or in the instance that said attorney in fact is a corporation then by a duly authorized executive officer. Such annual statement shall be made on a blank furnished by the commissioner under section fifteen or on an alternate form acceptable to him. Such alternate form may be an applicable form of annual statement approved by generally accepted accounting principles appropriate for a reciprocal insurance exchange.

At least once in three years, and at other times when the commissioner determines it to be prudent, said commissioner or his designee shall visit each reciprocal insurance exchange, and examine its affairs to ascertain its financial condition, its ability to fulfill its obligations and whether it has complied with the provisions of this chapter. The commissioner, upon application and in his discretion, may enlarge the aforesaid three year period to five years; provided, however, that said reciprocal insurance exchange is subject to a comprehensive annual audit during such period of a scope satisfactory to the commissioner conducted by independent auditors approved by him. The expenses and charges of the examination shall be paid to the commonwealth by the company or companies examined, and the commissioner or his designee shall issue a certificate demanding payment for the proper charges incurred in all examinations.

SECTION 9. Section 94K of said chapter 175, as so appearing, is hereby amended by adding the following sentence:- Notwithstanding the provisions of any general or special law to the contrary, no member of the advisory committee shall not be subject to an action for libel or slander arising out of the conduct of such member in the reasonable performance of his duties.

House of Representatives, December 15, 1986.

Acting

Speaker.

Passed to be enacted,

Mary J. Gilson
In Senate, December 15, 1986.

Acting

President.

Passed to be enacted,

William M. Bulger, President.

December 24, 1986.

Approved,

Edwin W. Belcher
Governor.

THE COMMONWEALTH OF MASSACHUSETTS

In the Year One Thousand Nine Hundred and Eighty-six

AN ACT FURTHER REGULATING GROUP LIFE INSURANCE.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The first paragraph of section 4 of chapter 32B of the General Laws, as appearing in the 1984 Official Edition, is hereby amended by striking out the first sentence and inserting in place thereof the following sentence:- Each employee shall be automatically insured for at least two thousand dollars of group life insurance and at least two thousand dollars of group accidental death and dismemberment insurance and group general or blanket insurance, providing hospital, surgical, medical, dental and other health insurance benefits provided under said policy or policies, commencing on the date he first becomes eligible or on the effective date of such coverage or coverages, including dependent benefits, whichever last occurs; provided, however, that any employee desiring not to be so insured shall, on an appropriate form prescribed by the appropriate public authority, give written notice at least thirty days prior to the effective date of the coverage or coverages to the treasurer of the governmental unit indicating that he is not to be insured for such coverages, including dependent benefits, provided under such policy or policies.

SECTION 2. Said section 4 of said chapter 32B, as so appearing, is hereby further amended by striking out the second paragraph and inserting in place thereof the following paragraph:-

When an employee insured under this section becomes eligible for health insurance coverage as provided in section eleven C, he may terminate by withdrawal notice, as aforesaid, his hospital, surgical, medical, dental and other health benefits provided herein, and retain his automatic group life insurance and automatic group accidental death and dismemberment insurance, as provided in this section.

SECTION 3. Section 9 of said chapter 32B, as so appearing, is hereby amended by striking out the first paragraph and inserting in place thereof the following paragraph:-

The policy or policies of insurance shall provide that upon retirement of an employee, the policy or policies providing at least two thousand dollars of group life insurance and at least two thousand dollars of group accidental death and dismemberment insurance as set forth in section five, except the optional coverage referred to therein, shall be reduced to one thousand dollars of group life insurance, unless the governmental unit has accepted section nine F, and the retired employee shall make payment of the full premium cost, subject to the provisions of section nine A or nine E, whichever may be applicable, of the average group premium as determined by the appropriate public authority for such insurance; and the group general or blanket insurance providing hospital, surgical, medical, dental and other health insurance, as provided under sections four, eleven C, and sixteen as may be applicable, shall be continued and the retired employee shall pay the full premium cost, subject to the provisions of section nine A or section nine E whichever may be applicable of the average group premium as determined by the appropriate public authority for such hospital, surgical, medical, dental and other health insurance.

SECTION 4. Said chapter 32B is hereby further amended by striking out section 9F, as so appearing, and inserting in place thereof the following section:-

Section 9F. A county, except Worcester county, by vote of the county commissioners; a city having a Plan D or Plan E charter by majority vote of its city council; in any other city by vote of its city council, approved by the mayor; a district, except as herein provided, by vote of the registered voters of the district at a district meeting; a regional school district by vote of the regional district school committee; a veterans' service district by vote of the district board; a health district established under section twenty-seven A of chapter one hundred and eleven by vote of the joint committee, shall provide that an employee receiving a pension or annuity allowance having retired from the governmental unit may be insured for such greater amount of group life insurance and for such greater amount of group accidental death and dismemberment insurance as determined by the governmental unit, in lieu of the one thousand dollars of group life insurance as provided in section nine. A town shall provide such insurance coverage if approved by vote of the board of selectmen, or by a majority of the votes cast if in the affirmative in answer to the following question which shall be printed on the official ballot:

"Shall the town provide (X) thousand dollars of group life insurance and (X) thousand dollars of accidental death and dismemberment insurance for a retired employee in lieu of one thousand dollars of group life insurance?"

Acceptance of this section as aforesaid by a governmental unit having accepted section eleven E shall hereby authorize the commission to provide such greater amount of group life insurance and of such greater amount of group accidental death and dismemberment insurance, in lieu of one thousand dollars of group life insurance, to retired teachers insured under section twelve of chapter thirty-two A.

House of Representatives, December 29, 1986.

Passed to be enacted,

, Speaker.



In Senate, December 29, 1986.

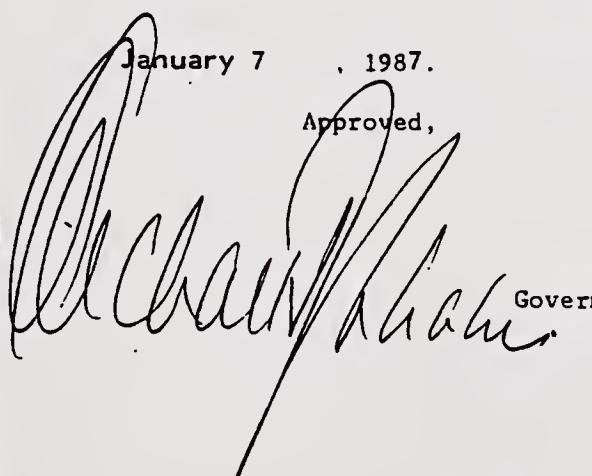
Passed to be enacted,

, President.

January 7, 1987.

Approved,

Governor.



INSURANCE COMMITTEE 1986 HEARING SCHEDULE

ROOM 257 10:30 AM

March 5	Group
March 10	Auto
March 12	Auto
March 19	Medical Malpractice
March 24	Health
March 26	Life/Property and Casualty/Agents
March 31	Miscellaneous
April 2	Miscellaneous
April 28	Miscellaneous

COMMITTEE ON INSURANCE

AGENDA

February 10, 1986

10:30 a.m.

Room 257

H. 4404 - An Act Establishing The Massachusetts Hazardous Waste Licensees Insolvency Fund.

COMMITTEE ON INSURANCE

AGENDA

MARCH 5, 1986

10:30 a.m.

ROOM 257

S. 724 - Petition of Kathleen Kelley and George Bachrach for legislation relative to group insurance coverage for state employees.

Also: H. 4612

*S. 725 - Petition of George Bachrach and John A. Businger for legislation relative to the provision of an optional disability insurance plan for all state employees.

H. 339 - Petition of the Retired State, County & Municipal Employees Association of Mass., Francis H. Woodward and J. Michael Ruane for legislation to increase the amount of minimum group life insurance of public employees to five thousand dollars.

*H. 340 - Petition of the Retired State, County & Municipal Employees Association of Mass., and Francis H. Woodward relative to group insurance for state employees and retired state employees.

Also: *H. 2039

H. 546 - Petition of John H. Flood that provision be made for municipal legal liability insurance.

*H. 741 - Petition of Bruce N. Freeman relative to pre-existing health conditions under certain group accident and health insurance policies insuring students attending educational institutions.

*H. 935 - Petition of Marie-Louise Kehoe relative to insurance rights of retired public employees.

*H. 1329 - Petition of Theodore D. Mann, Michael P. Walsh, other members of the General Court and another for legislation to authorize governmental units to participate in property and casualty insurance coverage.

Also: *H. 2044

March 5, 1986

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H. 2033 - Petition of the Massachusetts Organization of State Engineers and Scientists and Suzanne M. Bump relative to increasing the insurance coverage for public employees.

Also: *H. 3007

H. 2043 - Petition of Thomas P. White for legislation to authorize agreements among governmental units for the purchase of property and casualty insurance.

H. 3386 - Petition of the Massachusetts Teachers Association, Royal L. Bolling, Sr., and other members of the General Court for legislation to permit negotiation of health and welfare plans for municipal employees.

* Similar matter heard last session; written testimony only.

COMMITTEE ON INSURANCE

AGENDA

March 10, 1986

10:30 A.M.

Room 257

*S. 723 - Petition of Robert Alexander, Patricia Ford and George Bachrach for legislation to authorize the Commissioner of insurance to provide a motor vehicle insurance discount to certain disabled persons.

Also: *H. 3387, *H. 3388, *H. 3755

*S. 737 - Petition of Robert C. Buell and Thomas G. Palumbo for legislation relative to the application of motor vehicle insurance rates on certain licensed operators.

*S. 742 - Petition of John P. Burke for legislation relative to computation of automobile insurance rates.

Also: *H. 931, *H. 3219, *H. 3565, *H. 3919, *H. 4310

*S. 750 - Petition of Francis D. Doris for legislation relative to membership of the Commonwealth Automobile Reinsurers.

S. 759 - Petition of John Patrick Houston, Peter C. Webber, Gerard D'Amico, William B. Golden and other members of the General Court for legislation to reduce automobile insurance costs and increase consumer choice with respect to the lawsuit threshold.

Also: *S. 784, *H. 938, H. 3569, *H. 4926

*S. 760 - Petition of John Patrick Houston, Linda J. Melconina and Salvatore R. Albano for legislation to increase competition and reduce costs in automobile insurance.

*H. 745 - Petition of Roger R. Goyette relative to regulating the cancellation of motor vehicle insurance.

*H. 2040 - Petition of Emanuel G. Serra for legislation to provide that automobile insurance premiums be based on individual driving records.

Also: *H. 3566

March 10, 1986

*H. 2638 - Petition of Gregory W. Sullivan for legislation to create an auto body repair advisory board in the Division of Insurance.

*H. 3008 - Petition of Thomas M. Gallagher for an investigation by a special commission (including members of the General Court) relative to determining the feasibility of establishing an auto insurance company owned and operated by the Commonwealth.

*H. 3752 - Petition of Salvatore F. DiMasi, Joan M. Menard and John F. Cox relative to the right of defendants in motor vehicle cases to select their own attorney.

H. 4785 - Petition of Michael P. Walsh that the Commissioner of Insurance be authorized to establish a schedule of motor vehicle insurance discounts for low mileage drivers.

*Similar matter heard last session; written testimony only.

COMMITTEE ON INSURANCE

AGENDA

March 12, 1986

10:30 A.M.

Room 257

S. 738 - Petition of Robert C. Buell and David J. Lane for legislation to further authorize insurance of liabilities incurred in the operation of motor vehicles by non-owners or in the operation of hired motor vehicles.

*S. 743 - Petition of John P. Burke for legislation to correct certain deficiencies in the safe driver insurance plan, so-called.

*S. 744
Also: *S. 762, S. 785, *H. 332, *H. 740, *H. 744,
*H. 1496, *H. 1677, *H. 1879, *H. 1880, *H. 2246
*H. 4463, *H. 4613

*S. 749 - Petition of Francis D. Doris for legislation to amend the formula for fixing the territorial rates for motor vehicle liability insurance.

S. 753 - Petition of John Iozza for legislation to allow deposit in cash for up to three motor vehicles by individuals in lieu of bond or insurance policy.

Also: *H. 4928

S. 765 - Petition of William R. Keating for legislation to increase the minimum amounts for motor vehicle liability policies.

Also: H. 3917, *H. 3922

S. 767 - Petition of Arthur Joseph Lewis, Jr., for legislation relative to the availability of certain coverages through the Commonwealth Automobile Reinsurers.

*S. 768 - Petition of Arthur Joseph Lewis, Jr., for legislation relative to the limits of liability for uninsured and underinsured motor vehicle coverage.

Also: H. 1131

*S. 769 - Petition of Arthur Joseph Lewis, Jr., for legislation to authorize the availability of insurance coverage for motorized bicycles at the option of the insured.

Also: *S. 781, *H. 2045, H. 4149

March 12, 1986

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*H. 544 - Petition of Nicholas J. Buglione relative to premium insurance rates for operators of motor vehicles who have completed a defensive driving course.

*H. 743 - Petition of Roger R. Goyette for an investigation by a special commission (including members of the General Court) relative to further regulating motor vehicle insurance and the operation and inspection of motor vehicles.

*H. 1125 - Petition of Albert Herren relative to motor vehicle insurance companies awarding interest on overpayment of insurance premiums.

Also: *H. 3747

H. 1126 - Petition of Albert Herren that provision be made for the payment of motor vehicle insurance premiums within a six-month period.

Also: *H. 4781

*H. 1878 - Petition of Steven D. Pierce relative to motor vehicle insurance.

Also: *H. 2807

*H. 2636 - Petition of Gregory W. Sullivan relative to automobile liability insurance on certain commercial vehicles.

*H. 3217 - Petition of Emanuel G. Serra relative to insurable interest in certain vehicles.

*H. 3567 - Petition of Lawrence R. Alexander, Barbara Hildt, Thomas M. Gallagher, Steven Angelo and Sherwood Guernsey for legislation to require that persons convicted of drunk driving be required to maintain higher bodily injury insurance coverage before such persons are reinstated with licenses to operate motor vehicles.

Also: *H. 4611, *H. 1495

*H. 3754 - Petition of Salvatore F. DiMasi for legislation to provide insurance rebates for motorists who use overnight off-street parking.

March 12, 1986

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*H. 3918 - Petition of Salvatore F. DiMasi and John F. Cox relative to revising the motor vehicle insurance laws.

H. 4312 - Petition of John F. Hanley relative to insurance on newly purchased motor vehicles.

*Similar matter heard last session; written testimony only.

COMMITTEE ON INSURANCE

AGENDA

March 19, 1986

10:30 A.M.

Room 257

*S. 728 - Petition of Jack H. Backman for legislation to provide continued medical coverage upon termination of employment.

*S. 732 - Petition of Louis P. Berthonazzi for legislation to provide employees a right to change health plans.

*S. 733 - Petition of Louis P. Berthonazzi for legislation to provide for lower insurance rates for persons receiving the benefits of community water fluoridation.

*S. 734 - Petition of Louis P. Berthonazzi for legislation to provide lower insurance rates for non-smokers.

Also: *S. 771, *S. 3750

*S. 735 - Petition of Louis P. Berthonazzi for legislation to provide lower insurance rates for non-drinkers.

*S. 741 - Petition of John P. Burke for legislation to require consent or approval for certain medical insurance coverage reductions.

*S. 746 - Petition of Gerard D'Amico for legislation relative to the insurance coverage of early intervention services.

*S. 748 - Petition of Francis D. Doris and Edward L. Burke for legislation relative to the establishment and operation of health service corporations thereby permitting the merger of hospital service corporations (Blue Cross) and medical service corporations (Blue Shield).

S. 775 - Petition of Linda J. Melconian for legislation to further regulate the reimbursement procedures of a medical service corporation.

Also: S. 780

*S. 777 - Petition of Linda J. Melconian for legislation to further protect the confidentiality of patients receiving health care.

*H. 81 - Resolve providing for an investigation and study by a special commission relative to developing private long term care insurance.

*H. 1129 - Petition of Richard A. Voke for legislation to require insurance companies, hospital service corporations and medical service corporations to provide certain preventive care services for children.

*H. 1324 - Petition of Robert L. Howarth for legislation to include chiropractic services in health maintenance organization coverage.

*H. 3220 - Petition of Michael P. Walsh for legislation to require persons or organizations filing legislative proposals relative to mandating health coverage by insurance carriers to submit a report to the legislative committee having jurisdiction on the social and financial impact of such coverage.

*H. 4308 - Petition of the Massachusetts Association of Home Health Care Providers and Marjorie A. Clapprood for legislation to require home care services to be included in group health insurance policies, employees health and welfare funds, group hospital service contracts and group medical service contracts.

*H. 4311 - Petition of Charles Robert Doyle for an investigation by a special commission (including members of the General Court) relative to developing private long term care insurance.

*H. 4615 - Petition of Charles E. Silvia for legislation to authorize the Commissioner of Insurance to establish a comprehensive health insurance plan for certain former employees.

COMMITTEE ON INSURANCE

AGENDA

March 19, 1986

11:00 A.M.

Gardner Auditorium

MEDICAL MALPRACTICE PROPOSAL

S. 739 - Petition of Edward L. Burke, Barbara E. Gray, Thomas M. Gallagher, Sherwood Guernsey, other members of the General Court and others for legislation to amend the malpractice self-insurance fund to include certified nurse midwives.

*H. 335 - Petition Kevin W. Fitzgerald relative to medical malpractice insurance for health care providers.

H. 933 - Petition of James T. Brett relative to duplicative recoveries in certain actions against health care providers.

H. 1127 - Petition of Thomas P. Kennedy relative to increasing the medical malpractice tribunal bond.

H. 1128 - An act regulating Medical Malpractice Insurance premiums and creating a Medical Malpractice Insurance Premium Stabilization Fund.

H. 4464 - Petition of Roger R. Goyette for an investigation by a special commission (including members of the General Court) relative to the feasibility of establishing a sliding scale fee for attorneys involved in medical malpractice.

H. 4924 - Petition of Frances F. Alexander for legislation to further regulate professional malpractice claims against physicians.

H. 4927 - Petition of Sherwood Guernsey that insurance companies be required to issue professional malpractice insurance and permit group self-insurance for professionals.

H. 5109 - An act relative to certain medical malpractice causes of action

H. 5110 - An act to establish a system of compensation for injuries relative to medical treatment.

COMMITTEE ON INSURANCE

AGENDA

March 24, 1986

10:30 A.M.

Room 257

S. 726 - Petition of George Bachrach for legislation to provide for reimbursement for certified nurse anesthetists services.

*S. 727 - Petition of Jack H. Backman and Marie J. Parente for legislation to provide group health insurance coverage to individuals.

*S. 736 - Petition of Louis P. Bertonazzi for legislation to grant the Commissioner of Insurance jurisdiction over certain providers of health care benefits.

*S. 740 - Petition of Edward L. Burke, Argeo Paul Cellucci, Salvatore R. Albano, George Bachrach, other members of the General Court and others for legislation to provide for reimbursement by insurance companies for services performed by certified nurse midwives.

Also: *S. 745

S. 752 - Petition of Francis X. Bellotti, Attorney General, and Francis D. Doris for legislation relative to the extraterritorial application of mandated insurance benefits.

S. 761 - Petition of William R. Keating for legislation relative to providing medical benefits for the treatment of ulcerative colitis.

S. 766 - Petition of Edward P. Kirby for legislation to protect employees participating in group insurance programs.

Also: *S. 770, H. 547, H. 4777

S. 772 - Petition of Michael LoPresti, Jr., and E. Oliver Fowlkes for legislation to subject all hospital, surgical, medical and dental insurance companies writing group policies to the jurisdiction of the Commonwealth of Massachusetts.

Also: S. 773, S. 774

S. 736 - Petition of Virginia Tierney and Robert D. Wetmore for legislation to provide for the inclusion of custodial or nursing home care costs for persons with Alzheimer's disease in health insurance policies.

Also: *S. 1674, *H. 4309

H. 1124 - Petition of Armand Pimental that health insurance companies be required to submit bills to insured parties within sixty days.

H. 1328 - Petition of Margaret McCormick for legislation to further regulate the issuance of certain accident and health insurance policies.

*H. 2637 - Petition of Gregory W. Sullivan, William R. Keating and Marjorie A. Clapproad that certain health insurance plans be required to include cardiac rehabilitation as a benefit.

Also: *H. 3389

*H. 3215 - Petition of Barbara E. Gray, Barbara Hildt, Marjorie A. Clapproad, Christopher J. Hodgkins and Sherwood Guernsey relative to amending the health insurance laws to provide for continuing coverage for spouses of deceased persons.

Also: *H. 4462, H. 4776

*H. 3391 - Petition of William D. Mullins for legislation to provide for the prompt payment of claims under accident and sickness insurance policies.

*H. 3748 - Petition of A. Joseph DeNucci, Kevin W. Fitzgerald and Iris K. Holland relative to certain mental health and alcoholism treatment benefits to be covered by health insurance coverage and other medical contracts.

Also: *H. 4778, *H. 4925

H. 4780 - Petition of Michael J. McGlynn and another for legislation to provide for freedom of choice in the selection of vision care providers.

H. 4782 - Petition of Mary Jeanette Murray for legislation to require non-profit hospital service corporations to pay subscribers for hospital surgery.

H. 5108 - Petition of Kevin W. Fitzgerald for legislation to provide health maintenance organization coverage for uninsured residents of the Commonwealth.

*Similar matter heard last session; written testimony only.

COMMITTEE ON INSURANCE

AGENDA

March 26, 1986

10:30 A.M.

Room 257

*S. 751 - Petition of Francis D. Doris for legislation to further regulate the licensing of insurance advisors.

Also: H. 937 and *H. 1323

S. 757 - Petition of John Patrick Houston for legislation relative to the issuance of bonds to officers of insurance companies.

*S. 758 - Petition of John Patrick Houston, Linda J. Melconian, Thomas M. Gallagher and Saundra Graham for legislation to require fair and open insurance agent licensing exams.

*S. 763 - Petition of William R. Keating for legislation to provide insurance credits for homeowners who install certain smoke detection systems in their homes.

S. 776 - Petition of Linda J. Melconian and John P. Burke for legislation relative to the cancellation and non-renewal of certain insurance policies.

Also: H. 341

H. 43 - An act further restricting discrimination by insureds against the blind.

*H. 333 - Petition of John F. Cox relative to certain insurance companies assigning policies and contracts to separate accounts.

*H. 334 - Petition of Frank A. Emilio relative to the regulation and control of the conduct of insurers not authorized to conduct the business of insurance within the Commonwealth.

Also: *H. 4152

*H. 336 - Petition of Joseph N. Herman relative to increasing the limit requiring fire insurance companies to contribute to certain costs for fire protection.

Also: *H. 936 and *H. 3390

March 26, 1986

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H. 337 - Petition of Francis G. Mara relative to group insurance coverage for directors of certain insurance companies.

*H. 338 - Petition of Joseph B. McIntyre for legislation to authorize domestic mutual life insurance companies to convert to a stock form of ownership.

*H. 545 - Petition of Frank A. Emilio relative to authorizing the Commissioner of Insurance to license certain persons to sell securities.

*H. 934 - Petition of Marie-Louise Kehoe for legislation to regulate certain insurance charges in homeowners policies.

*H. 1130 - Petition of Michael P. Walsh for legislation to require annual reports by each insurer licensed to write property and casualty insurance in the Commonwealth.

Also: *H. 3216

*H. 1132 - Petition of Michael P. Walsh for legislation to expand the protection of the Insurers Insolvency Fund.

*H. 1322 - Petition of the Massachusetts Co-operative Bank League and Michael C. Creedon for legislation to further regulate the cancellation of certain fire insurance policies and contracts.

H. 1326 - Petition of Francis G. Mara for legislation to provide that certain officers of insurance companies be covered by a suitable bond.

*H. 1497 - Petition of Joan M. Menard relative to including the mentally retarded in insurance policies.

H. 1876 - Petition of Mary Jane Gibson, Richard A. Kraus and George Bachrach for legislation to require certain insurance policies to be in compliance with the Equal Rights Amendment to the Constitution.

Also: H. 1877, H. 2041, H. 2042, H. 3753, H. 3924, H. 4156, and H. 4313.

March 26, 1986

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*H. 2038 - Petition of Emanuel G. Serra relative to further regulating the payment of the proceeds of certain insurance policies.

Also: H. 3392

*H. 2247 - Petition of Peter A. Vellucci for legislation to strengthen disclosure provisions of the law regulating insurance contracts against losses by fire.

*H. 3218 - Petition of Michael P. Walsh relative to investment practices of life insurance companies.

*H. 3564 - Petition of Lawrence R. Alexander for legislation to increase the amount of policies which savings and insurance banks may have in force at any one time on any one life.

*H. 3568 - Petition of Lawrence R. Alexander and Thomas M. Gallagher for legislation to establish the Massachusetts life and health insurance guaranty association act.

Also: *H. 4153

*H. 3749 - Petition of Salvatore F. DiMasi for legislation to require that filings of homeowner's insurance rates be uniform throughout the Commonwealth.

*H. 4151 - Petition of Frank A. Emilio relative to the licensing requirements for insurance agents.

H. 4154 - Petition of Frank A. Emilio relative to investments by domestic life insurance companies.

H. 4779 - Petition of Michael J. McGlynn and John F. Cox for legislation to reduce the premium for house insurance of certain elderly persons.

H. 4783 - Petition of Thomas G. Palumbo for legislation to require insurance companies which sell homeowners or renters insurance to offer liability coverage for the intentional torts of unemancipated minor children.

*H. 5107 - Petition of Frank A. Emilio and another relative to the replacement of life insurance.

COMMITTEE ON INSURANCE

AGENDA

March 31, 1986

10:30 A.M.

Room 257

S. 722 - Petition of Carol C. Amick and Robert Schill for legislation to require persons selling or buying fish or shellfish intended for human consumption to purchase and maintain certain credit insurance.

S. 731 - Petition of Louis P. Berthonazzi for legislation relative to roller skating rink legal liability insurance.

S. 747 - Petition of Gerard D'Amico, Michael LoPresti, Jr., Jack H. Backman, George Bachrach, Frederick E. Berry, Salvatore R. Albano and John P. Burke for legislation to provide for human services provider liability insurance.

Also: H. 4307

*S. 754 - Petition of William B. Golden, John P. Burke and Carol C. Amick for legislation to provide for pollution liability insurance.

Also: *H. 4155

*S. 755 - Petition of William B. Golden, Linda J. Melconian, George Bachrach, John P. Burke, Martin T. Reilly, William Q. MacLean, Jr., Argeo Paul Cellucci, Nicholas J. Costello, Roger R. Goyette, Richard A. Kraus, Royal L. Bolling, Sr., Peter C. Webber and Mary Jeanette Murray for legislation to respond to insurance failures in the marketplace.

S. 756 - Petition of John Patrick Houston for legislation relative to examination of domestic life insurance companies.

Also: H. 1325

*S. 764 - Petition of William R. Keating for legislation to require insurance coverage for electrical contractors.

S. 783 - Petition of Peter C. Webber for legislation relative to asbestos removal legal liability insurance.

COMMITTEE ON INSURANCE

AGENDA

April 2, 1986

10:30 A.M.

Room 257

S. 777 - Petition of Linda J. Melconian for legislation to further protect the confidentiality of patients receiving health care.

*S. 778 - Petition of Linda J. Melconian for legislation to further regulate the licensing of insurance agents and brokers.

S. 779 - Petition of the Associated General Contractors of Massachusetts, Inc., by James F. Grosso, and Linda J. Melconian for legislation to prohibit gaps in insurance paid for by consumers.

S. 787 - Petition of Paul A. Hakey and Robert D. Wetmore for legislation relative to the time period in which refunds to qualified insured individuals should be reimbursed.

H. 42 - An Act relating to the enforcement of the insurance laws.

*H. 932 - Petition of James T. Brett relative to medical insurance for parole officers and parole supervisors of the Parole Board.

H. 1327 - Petition of Joseph B. McIntyre, Frank M. Hynes, William Q. MacLean, Jr., Roger R. Goyette, Roger L. Tougas and Patricia G. Fiero for legislation to regulate marine insurance.

*H. 2034 - Petition of Salvatore F. DiMasi, Joan M. Menard, Susan F. Rourke, Marilyn L. Travinski, Barbara E. Gray and another for legislation to authorize the sale of joint credit life insurance.

Also: *H. 2035, H. 2036, *H. 2037, *H. 2245, *H. 3751, *H. 3921

H. 2808 - Petition of AFSCME Council 93 and Angelo M. Scaccia that the surviving spouse of a municipal employee be allowed to participate in a health insurance program at a group rate.

*H. 2809 - Petition of J. Bert Swain for legislation to protect insured persons from unfair claim settlement practices.

April 2, 1986

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*H. 3920 - Petition of Salvatore F. DiMasi relative to deposit insurance in the Commonwealth.

*H. 4150 - Petition of Frank A. Emilio that insurance companies be authorized to invest in mortgage pass through certificates.

H. 4784 - Petition of Hans Petschaft relative to group health insurance coverage and coverage for certain students up to the age of twenty-four.

H. 4929 - Petition of Kevin Poirier and Stephen J. Karol for legislation to require health insurance policies to provide benefits for diabetes patients.

H. 5113 - Petition of Sherman W. Saltmarsh, Jr., relative to the regulation of sureties of foreign companies doing construction work in the Commonwealth.

H. 5401 - Petition of J. Michael Ruane that provision be made for payment of a death benefit to members of the Salem Firemen's Relief Association upon retirement from the fire department of said city.

*Similar matter heard last session, written testimony only.

Senate Bills Continued from page one.

S. 1649 - Petition of David A. White and Arthur Joseph Lewis, Jr., for legislation for extension of immunity to the Boston Arson Prevention Commission during their investigations.

S. 1673 - Petition of Edward L. Eurke for legislation relative to uninsured motor vehicles coverages.

COMMITTEE ON INSURANCE

AGENDA

April 28, 1986

10:30 A.M.

Room 257

S. 1788 - Petition of Edward L. Burke for legislation to provide that certain health care policies shall cover payment for costs arising from speech and language disorders.

S. 1804 - Petition of Linda J. Melconian and Francis H. Woodward for legislation relative to extending medical malpractice insurance premium charges until July first, nineteen hundred and eighty six.

S. 1814 - Petition of Linda J. Melconian for legislation relative to reimbursement of the State Auditor for an audit of medical malpractice insurance.

H. 5279 - Petition of Frank M. Hynes and William B. Golden for legislation to require operators of motorcycles to have appropriate health insurance in order to register such motorcycles.

H. 5280 - Petition of the Mass. State Buildings Trade Council, AFL-CIO, and Richard T. Moore for legislation to provide that certain health insurance coverage terminate due to the remarriage of former spouses of group members.

H. 5281 - Petition of Mary Jeanette Murray for legislation to require medical service corporations to pay for certain outpatient chiropractic visits.

H. 5456 - Petition of Brian Hickey and Michael J. McGlynn for legislation to promote fair settlements of collision and limited collision motor vehicle damage insurance claims.

H. 5506 - Petition of Theodore J. Aleixo, Jr. relative to the payment of death and disability benefits by the Taunton Police Mutual Benefit Association, Inc.

H. 5514 - Petition of Robert Correia relative to the payment by the Fall River Police Relief Association of sums of money to retired members of the Association and authorizing the payment of certain death benefits.

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COMMITTEE ON INSURANCE AGENDA CON'T.

April 28, 1986

H. 5515 - Petition of Eleanor Myerson and Edward W. Merrick, Jr. relative to death benefits payable to members upon the death of their spouse.

H. 5534 - Petition of Sherwood Guernsey for legislation to further regulate personal liability insurance.

H. 5537 - Petition of Walter A. DeFilippi and Robert J. Rohan for legislation to further regulate the amount of interest certain insurance companies may charge on motor vehicle insurance.

COMMITTEE ON INSURANCE

AGENDA

May 27, 1986

10:30 A.M.

Room 257

H. 5743 - Memorandum of the Massachusetts Secretary of State in respect to the petition of Angelo M. Scaccia for legislation to authorize the grand lodge of Massachusetts Order Sons of Italy in America to grant increased death benefits to its members.

H. 5744 - Memorandum of the Massachusetts Secretary of State's office in respect to the petition of Royall H. Switzler and Carol C. Amick relative to the amount of retirement benefits which may be paid by the Weston Police Relief Association, Inc.

COMMITTEE ON INSURANCE

AGENDA

July 1, 1986

10:30 a.m.

Room 257

S. 2026 - Petition of John Patrick Houston for legislation relative to the rates used for any contract of general liability insurance issued or renewed on or after July 1, 1986.

H. 933 - Petition of James T. Brett relative to duplicative recoveries in certain actions against health care providers.

H. 1289 - Petition of Robert L. Howarth relative to health insurance provided to students at state colleges and universities.

H. 2170 - Petition of Peter A. Vellucci for legislation to modify the application for mortgage loans to make information available to banks relative to potential arson customers.

H. 4422 - Petition of Howard C. Cahoon, Jr., Paul V. Doane and another for legislation to provide for group self-insurance trust funds for regional vocational technical schools.

H. 5469 - Petition of Ellen M. Canavan relative to medical malpractice insurance.

H. 5657 - Petition of Robert F. Jakubowicz relative to providing for a joint underwriting association to provide personal liability insurance other than medical malpractice, liquor liability and motor vehicle liability insurance

H. 5822 - Petition of William P. Nagle, Jr., (with the approval of the mayor and city council) that the city of Northampton be authorized to establish a general liability self-insurance fund.

H. 5965 - Petition of Michael F. Flaherty relative to the treatment of alcoholics under group hospital plans.

COMMITTEE ON INSURANCE

AGENDA

st 6, 1986

10:30 a.m.

Room 257

032 - Petition of Linda J. Melconian for legislation relative to the Hazardous Waste Insolvency Fund.

068 - Petition of Peter C. Webber, Robert D. Wetmore, Richard A. Kraus, John F. Parker and other members of the Senate for legislation to further regulate governmental units pooled insurance.

164 - Petition of David A. MacDonald relative to judicial appeals in automobile insurance cases.

170 - Petition of Lawrence R. Alexander and Walter J. Boverini for legislation to authorize the Marblehead Police Relief Association to pay certain benefits to its members upon their retirement.

COMMITTEE ON INSURANCE

AGENDA

September 24, 1986

10:30 A.M.

Room 257

H. 6243 - Petition of Frank A. Emilio relative to life insurance
companies separate accounts.

COMMITTEE ON INSURANCE

AGENDA

December 4, 1986

11:00 a.m.

Room 257

- H. 42 An Act relating to the enforcement of the insurance law.
- H. 6333 Petition of Sherwood Guernsey and other members of the House relative to automobile insurance premium charges.
- H. 6409 Petition of Peter Forman relative to regulating credit life insurance and credit accident and health insurance.

THE DISPOSITION OF ALL INSURANCE LEGISLATION

THE FOLLOWING IS A BREAKDOWN ACCORDING TO NUMERICAL ORDER OF
ALL LEGISLATION THAT CAME BEFORE THE COMMITTEE.

S 722 - Petition of Carol C. Amick and Robert Schill for legislation to require persons selling or buying fish or shellfish intended for human consumption to purchase and maintain certain credit insurance.
Hearing date Mar 31 am.
Ought NOT to Pass, referred to committee on Senate Steering and Policy.

S 723 - Petition of Robert Alexander, Patricia Ford and George Bachrach for legislation to authorize the Commissioner of Insurance to provide a motor vehicle insurance discount to certain disabled persons.
Hearing date Mar 10 am.
Accompanied a study order, see S. 1924.

S 724 - Petition of Kathleen Kelley and George Bachrach for legislation relative to group insurance coverage for state employees.
Hearing date Mar 5 am & Mar 10 am.
Discharged to the committee on Senate Ways and Means.

S 725 - Petition of George Bachrach and John A. Businger for legislation relative to the provision of an optional disability insurance plan for all state employees.
Hearing date Mar 5 am & Mar 10 am.
Accompanied a study order, see S. 1924.

S 726 - Petition of George Bachrach for legislation to provide for reimbursement for certified nurse anesthetists services.
Hearing date Mar 24 am.
Bill reported favorably by committee and referred to the committee on Senate Steering and Policy.

S 727 - Petition of Jack H. Backman and Marie J. Parente for legislation to provide health insurance coverage to individuals.
Hearing date Mar 24 am.
Ought NOT to Pass, referred to committee on Senate Steering and Policy.

S 728 - Petition of Jack H. Backman for legislation to provide continued medical coverage upon termination of employment.
Hearing date Mar 19 am.
Ought NOT to Pass, referred to committee on Senate Steering and Policy.

S 731 - Petition of Louis P. Berthonazzi for legislation relative to roller skating rink legal liability insurance.
Hearing date Mar 31 am.
Accompanied a study order, see H. 5636.

S 732 - Petition of Louis P. Berthonazzi for legislation to provide employees a right to change health plans.
Hearing date Mar 19 am.
Favorable report, ordered to a third reading.

S 733 - Petition of Louis P. Berthonazzi for legislation to provide for lower insurance rates for persons receiving the benefits of community water flouridation.
Hearing date Mar 19 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 734 - Petition of Louis P. Berthonazzi for legislation to provide lower insurance rates for non-smokers.
Hearing date Mar 19 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 735 - Petition of Louis P. Berthonazzi for legislation to provide lower insurance rates for non-drinkers.
Hearing date Mar 19 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 736 - Petition of Louis P. Berthonazzi for legislation to grant the Commissioner of Insurance jurisdiction over certain providers of health care benefits.
Hearing date Mar 24 am.
Discharged to committee on Senate Ways and Means.

S 737 - Petition of Robert C. Buell and Thomas G. Palumbo for legislation relative to the application of motor vehicle insurance rates on certain licensed operators.
Hearing date Mar 10 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 738 - Petition of Robert C. Buell and David J. Lane for legislation to further authorize insurance of liabilities incurred in the operation of motor vehicles by non-owners or in the operation of hired motor vehicles.
Hearing date Mar 12 am.
Accompanied a study order, see S. 1924.

S 739 - Petition of Edward L. Burke, Barbara E. Gray, Thomas M. Gallagher, Sherwood Guernsey, other members of the General Court and others for legislation to amend the malpractice self-insurance fund to include certified nurse midwives.
Hearing date Mar 19 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 740 - Petition of Edward L. Burke, Argeo Paul Cellucci, Salvatore S. Albano, George Bachrach, other members of the General Court and others for legislation to provide for reimbursement by insurance companies for services performed by certified nurse midwives.
Hearing date Mar 24 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 741 - Petition of John P. Burke for legislation to require consent or approval for certain medical insurance coverage reductions.
Hearing date Mar 19 am.
Accompanied a study order, see H. 5795.

S 742 - Petition of John P. Burke for legislation relative to computation of automobile insurance rates.
Hearing date Mar 10 am.
Favorable report, ordered to a third reading.

S 743 - Petition of John P. Burke for legislation to correct certain deficiencies in the safe driver insurance plan, so-called.
Hearing date Mar 12 am.
Accompanied a study order, see S. 1924.

S 744 - Petition of John P. Burke for legislation relative to automobile insurance.
Hearing date Mar 12 am.
Accompanied a study order, see S. 1924.

S 745 - Petition of Argeo Paul Cellucci, Lucile P. Hicks, Patricia A. Walrath, Robert A. Durand, Richard A. Kraus and Mary L. Padula for legislation to provide for reimbursement by insurance companies and others for services performed by certified nurse midwives.
Hearing date Mar 24 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 746 - Petition of Gerard D'Amico for legislation relative to the insurance coverage of early intervention services.
Hearing date Mar 19 am.
Favorable report, referred to committee on Senate Ways and Means.

S 747 - Petition of Gerard D'Amico, Michael LoPresti, Jr., Jack H. Backman, George Bachrach, Frederick E. Berry, Salvatore R. Albano and John P. Burke for legislation to provide for human services provider liability insurance.
Hearing date Mar 31 am.
Favorable report, referred to committee on Senate Ways and Means.

S 748 - Petition of Francis D. Doris and Edward L. Burke for legislation relative to the establishment and operation of health service corporations thereby permitting the merger of hospital service corporations (Blue Cross) and medical service corporations (Blue Shield).
Hearing date Mar 19 am.
Accompanied a study order, see H. 5795.

S 749 - Petition of Francis D. Doris for legislation to amend the formula for fixing the territorial rates for motor vehicle liability insurance.
Hearing date Mar 12 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 750 - Petition of Francis D. Doris for legislation relative to the membership of the Commonwealth Automobile Reinsurers.
Hearing date Mar 10 am.
Accompanied a study order, see S. 1924.

S 751 - Petition of Francis D. Doris for legislation to further regulate the licensing of insurance advisors.
Hearing date Mar 26 am.
Accompanied a study order, see H. 5636.

S 752 - Petition of Francis X. Bellotti, Attorney General, and Francis D. Doris for legislation relative to the extraterritorial application of mandated insurance benefits.
Hearing date Mar 24 am.
Accompanied a new draft, see S. 1978.

S 753 - Petition filed at the request of John Iozza for legislation to allow deposit in cash for up to three motor vehicles by individuals in lieu of bond or insurance policy.
Hearing date Mar 12 am.
Accompanied a study order, see S. 1924.

S 754 - Petition of William B. Golden, John P. Burke and Carol C. Amick for legislation to provide for pollution liability insurance.
Hearing date Mar 31 am.
Accompanied a study order, see H. 5636.

S 755 - Petition of William B. Golden, Linda J. Melconian, George Backrach, John P. Burke, Martin T. Reilly, William Q. MacLean, Jr., Argeo Paul Cellucci, Nicholas J. Costello, Roger R. Goyette, Richard A. Kraus, Royal L. Bolling, Sr., Peter C. Webber and Mary Jeanette Murray for legislation to respond to insurance failures in the marketplace.
Hearing date Mar 31 am.
Accompanied a study order, see S. 2106.

S 756 - Petition of John Patrick Houston for legislation relative to examination of domestic life insurance companies.
Hearing date Mar 31 am.
Accompanied H. 1325.

S 757 - Petition of John Patrick Houston for legislation relative to the issuance of bonds to officers of insurance companies.
Hearing date Mar 26 am.
Accompanied H. 1326.

S 758 - Petition of John Patrick Houston, Linda J. Melconian, Thomas M. Gallagher and Saundra Graham for legislation to require fair and open insurance agent licensing exams.
Hearing date Mar 26 am.
Discharged to the committee on Senate Ways and Means; referred to committee on Senate Steering and Policy.

S 759 - Petition of John Patrick Houston, Peter C. Webber, Gerard D'Amico, William B. Golden and other members of the General Court for legislation to reduce automobile insurance costs and increase consumer choice with respect to the lawsuit threshold.
Hearing date Mar 10 am.
Accompanied H. 3569.

S 760 - Petition of John Patrick Houston, Linda J. Melconian and Salvatore R. Albano for legislation to increase competition and reduce costs in automobile insurance.
Hearing date Mar 10 am.
Accompanied a new draft, see S. 1749.

S 761 - Petition of William R. Keating for legislation relative to providing medical benefits for the treatment of ulcerative colitis
Hearing date Mar 24 am.
Accompanied a study order, see H. 5636

S 762 - Petition of William R. Keating for legislation relative to merit rating rebates.
Hearing date Mar 12 am.
Accompanied a study order, see S. 1924.

S 763 - Petition of William R. Keating for legislation to provide insurance credits for homeowners who install certain smoke detection systems in their homes.
Hearing date Mar 26 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 764 - Petition of William R. Keating for legislation to require insurance coverage for electrical contractors.
Hearing date Mar 31 am.
Ought NOT Pass, report accepted.

S 765 - Petition of William R. Keating for legislation to increase the minimum amounts for motor vehicle liability policies.
Hearing date Mar 12 am.
Accompanied S. 1924.

S 766 - Petition of Edward P. Kirby for legislation to protect employees participating in group insurance programs.
Hearing date Mar 24 am.
Discharged to Commerce and Labor.

S 767 - Petition of Arthur Joseph Lewis, Jr., for legislation relative to the availability of certain coverages through the Commonwealth Automobile Reinsurers.
Hearing date Mar 12 am.
Accompanied S. 1924.

S 768 - Petition of Arthur Joseph Lewis, Jr., for legislation relative to the limits of liability for uninsured and underinsured motor vehicle coverage.
Hearing date Mar 12 am.
Accompanied S. 1924.

S 769 - Petition of Arthur Joseph Lewis, Jr., for legislation to authorize the availability of insurance coverage for motorized bicycles at the option of the insured.
Hearing date Mar 12 am.
Accompanied S. 5795.

S 770 - Petition of David H. Locke for legislation to require notice to employees prior to cancellation of group insurance.
Hearing date Mar 24 am.
Discharged to Commerce and Labor.

S 771 - Petition of Michael LoPresti, Jr., the Group Against Smoking Pollution of Massachusetts, by Edward L. Sweda, Jr., Suzanne M. Bump, Stephen W. Doran, Paul D. Harold, George Bachrach, Frank M. Hynes, Steven Angelo and other members of the General Court for legislation to reduce insurance rates for nonsmokers.
Hearing date Mar 19 am.
Accompanied H. 5795.

S 780 - Petition of Linda J. Melconian for legislation to further regulate the reimbursement procedures of a medical service corporation.
Hearing date Mar 19 am.
Accompanied a new draft, see H. 5525.

S 781 - Petition of Thomas C. Norton and Joseph Desbiens for legislation relative to the availability of insurance coverage for motorized bicycles.
Hearing date Mar 12 am.
Accompanied a study order, see H. 5795.

S 783 - Petition of Peter C. Webber for legislation relative to asbestos removal liability insurance.
Hearing date Mar 31 am.
Accompanied a study order, see H. 5636.

S 784 - Petition of Peter C. Webber, Robert C. Buell and Argeo Paul Cellucci for legislation to amend provisions of the motor vehicle insurance laws.
Hearing date Mar 10 am.
Accompanied H. 3569.

S 785 - Petition of Robert D. Wetmore and another for legislation to further regulate claims for damages under the motor vehicle insurance law.
Hearing date Mar 12 am.
Draft substituted, see H. 6275.

S 786 - Petition of Virginia Tierney and Robert D. Wetmore for legislation to provide the inclusion of custodial or nursing home care costs for persons with Alzheimer's disease in health insurance policies.
Hearing date Mar 24 am & May 13 am.
Accompanied a study order, see H. 6033.

S 787 - Petition of Paul A. Hakey and Robert D. Wetmore for legislation relative to the time period in which refunds to qualified insured individuals should be reimbursed.
Hearing date Apr 2 am.
Ought NOT Pass, referred to committee on Senate Steering and Policy; referred to committee on Senate Ways and Means.

S 1649- Petition of David A. White and Arthur Joseph Lewis, Jr., for legislation for extension of immunity to the Boston Arson Prevention Commission during their investigation.
Hearing date Apr 2 am.
Accompanied a study order, see H. 5636.

S 772 - Petition of Michael LoPresti, Jr., and E. Oliver Fowlkes for legislation to subject all hospital, surgical, medical and dental insurance companies writing group policies to the jurisdiction of the Commonwealth of Massachusetts.
Hearing date Mar 24 am.
Accompanied S. 1978.

S 773 - Petition of Michael LoPresti, Jr., and E. Oliver Fowlkes for legislation to subject all hospital, surgical, medical and dental group insurance plans to the jurisdiction of the Commonwealth of Massachusetts.
Hearing date Mar 24 am.
Accompanied S. 1978.

S 774 - Petition of Michael LoPresti, Jr., and E. Oliver Fowlkes for legislation to subject health maintenance organizations writing health maintenance contracts to the jurisdiction of the Commonwealth of Massachusetts.
Hearing date Mar 24 am.
Accompanied S. 1978.

S 775 - Petition of Linda J. Melconian for legislation to further regulate the reimbursement procedures of a medical service corporation.
Hearing date Mar 19 am.
Accompanied H. 5525.

S 776 - Petition of Linda J. Melconian and John P. Burke for legislation relative to the cancellation and non-renewal of certain insurance policies.
Hearing date Mar 26 am.
Favorable report, ordered a third reading.

S 777 - Petition of Linda J. Melconian for legislation to further protect the confidentiality of patients receiving health care.
Hearing date Mar 19 am.
Signed by the Governor, Chapter 188 Acts.

S 778 - Petition of Linda J. Melconian for legislation to further regulate the licensing of insurance agents and brokers.
Hearing date Apr 2 am.
Accompanied H. 5729.

S 779 - Petition of the Associated General Contractors of Massachusetts Inc., by James F. Grosso, and Linda J. Melconian for legislation to prohibit gaps in insurance paid for by consumers.
Hearing date Apr 2 am.
Accompanied H. 5636.

S 1673- Petition of Edward L. Burke for legislation relative to uninsured motor vehicles coverages.
Hearing date Apr 2 am.
Ought NOT Pass, overturned.

S 1674- Petition of Gerard D'Amico and John P. Burke for legislation to provide for the inclusion of custodial or nursing home care costs for persons with Alzheimer's disease in health insurance policies.
Hearing date May 13 am.
Discharged to Health Care.

S 1788- Petition of Edward L. Burke for legislation to provide that certain health care policies shall cover payment for cost arising from speech and language disorders.
Hearing date Apr 28 am.
Favorable report, discharged to Health Care.

S 1804- Petition of Linda J. Melconian and Francis H. Woodward for legislation relative to extending medical malpractice insurance premium charges until July first, nineteen hundred and eighty-six.
Hearing date Apr 28 am.
Signed by the Governor, Chapter 37 Acts.

S 1814- Petition of Linda J. Melconian for legislation relative to reimbursement of the State Auditor for an audit of medical malpractice insurance.
Hearing date Apr 28 am.
Favorable report, referred to committee on Senate Ways and Means.

S 2026- Petition of John Patrick Houston for legislation relative to the rates used for any contract of general liability insurance issued or renewed on or after July 1, 1986.
Hearing date Jul 1 am.
Accompanied a study order, see S. 2043.

S 2032- Petition of Linda J. Melconian for legislation relative to the Hazardous Waste Insolvency Fund.
Hearing date Aug 6 am.
Signed by the Governor, Chapter 628 Acts.

S 2068- Petition of Peter C. Webber, Robert D. Wetmore, Richard A. Kraus, John F. Parker and other members of the Senate for legislation to further regulate governmental units pooled insurance.
Hearing date Aug 6 am.
Accompanied a new draft, see S. 2090.

S 2082- Petition of William R. Keating for legislation to establish a board of anti-theft and vehicle recovery system standards for automobiles and providing for publication of a list of anti-theft locks, alarms, devices and recovery systems for the benefit of the motoring public.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 2110- Petition of John Patrick Houston and Carolyn Lucas for legislation to promote consumer choice in the purchase of automobile insurance coverage.
Hearing date Oct 15 pm
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 2111- Petition of John Patrick Houston and Carolyn Lucas for legislation to promote competition in automobile insurance.
Hearing date Oct 15 pm.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 2112- Petition of John Patrick Houston and Carolyn Lucas for legislation relative to automobile insurance rates.
Ought NOT Pass, referred to committee on Senate Steering and Policy.

S 2240- Petition of Walter J. Boverini for legislation to make a corrective change in the law relative to marine insurance.
Signed by the Governor, Chapter 690 Acts.

H 42 - So much of the recommendations of the Executive Office of Consumer Affairs as relates to the enforcement of the insurance laws.
Hearing date Apr 2 am.
Accompanied H. 6549.

H 43 - So much of the recommendations of the Executive Office of Consumer Affairs as relates to further restricting discrimination by insurers against the blind.
Hearing date Mar 26 am.
Accompanied H. 5947.

H 81 - So much of the recommendations of the Executive Office of Elder Affairs as relates to providing for an investigation and study by a special commission relative to developing private long term care insurance.
Hearing date Mar 19 am.
Discharged to Health Care.

H 332 - Petition of Joseph M Connolly relative to merit rating surcharges by insurance companies.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 333 - Petition of John F. Cox relative to certain insurance companies assigning policies and contracts to separate accounts.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 334 - Petition of Frank A. Emilio relative to the regulation and control of the conduct of insurers not authorized to conduct the business of insurance within the Commonwealth. Favorable report, referred to committee on House Ways and Means.

H 335 - Petition of Kevin W. Fitzgerald relative to medical malpractice insurance for health care providers.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 336 - Petition of Joseph N. Hermann relative to increasing the limit requiring fire insurance companies to contribute to certain costs for fire protection.
Hearing date Mar 26 am.
Accompanied H. 936.

H 337 - Petition of Francis G. Mara relative to group insurance coverage for directors of certian insurance companies.
Hearing date Mar 26 am.
Signed by the Governor, Chapter 193 Acts.

H 338 - Petition of Joseph B. McIntyre for legislation to authorize domestic mutual life insurance companies to convert to a stock form of ownership.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 339 - Petition of the Retired State, County & Municipal Employees Association of Mass., Francis H. Woodward and J. Michael Ruane for legislation to increase the amount of minimum group life insurance of public employees to five thousand dollars.
Hearing date Mar 5 am & Mar 10 am.
Accompanied H. 5997.

H 340 - Petition of the Retired State, County & Municipal Employees Association of Mass., and Francis H. Woodward relative to group insurance for state employees and retired state employees.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass.

H 341 - Petition of Francis H. Woodward for legislation relative to the cancellation and non-renewal of certain insurance policies.
Hearing date Mar 26 am.
Accompanied S. 776.

H 342 - Petition of Francis H. Woodward for legislation to limit the amount of property insurance for certain policies.
Hearing date Mar 31 am.
Signed by the Governor, Chapter 546 Acts.

H 544 - Petition of Nicholas J. Buglione relative to premium insurance rates for operators of motor vehicles who have completed a defensive driving course.
Hearing date Mar 12 am.
Ought NOT Pass, report accepted.

H 545 - Petition of Frank A. Emilio relative to authorizing the Commissioner of Insurance to license certain persons to sell securities.
Hearing date Mar 26 am.
Favorable report, ordered a third reading; Ought NOT Pass under Joint Rule 10.

H 546 - Petition of John H. Flood that provisions be made for municipal legal liability insurance.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 547 - Petition of Marie J. Parente that employers be required to notify employees of the discontinuance of health insurance policies.
Hearing date Mar 24 am.
Discharged to Commerce & Labor.

H 740 - Petition of Walter A. DeFilippi, Christopher J. Hodgkins, Mary Jane McKenna and Kenneth M. Lemanski relative to the imposition of surcharges on motor vehicle insurance policies.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 741 - Petition of Bruce N. Freeman relative to pre-existing health conditions under certain group accident and health insurance policies insuring students attending educational institutions.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 742 - Petition of Roger R. Goyette for an investigation and study by the Department of Marine Fisheries and the Department of Banking and Insurance relative to personal injury insurance for commercial pleasure boat owners.
Hearing date Mar 31 am.
Accompanied H. 5746.

H 743 - Petition of Roger R. Goyette for an investigation by a special commission (including members of the General Court) relative to further regulating motor vehicle insurance and the operation and inspection of motor vehicles.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 744 - Petition of Roger R. Goyette relative to limiting motor vehicle insurance surcharges to convictions of operating to endanger.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 745 - Petition of Roger R. Goyette relative to regulating the cancellation of motor vehicle insurance.
Hearing date Mar 10 am.
Ought NOT Pass, report accepted.

H 746 - Petition of Robert F. Jakubowicz for an investigation by a special commission (including members of the General Court) relative to liability insurance coverage and the revision of insurance and tort laws.
Hearing date Mar 31 am.
Accompanied H. 5636.

H 931 - Petition of James T. Brett for legislation to provide that classifications of risks and premium charges for motor vehicle liability insurance be uniform throughout the Commonwealth.
Hearing date Mar 10 am.
Accompanied H. 3219.

H 932 - Petition of James T. Brett relative to medical insurance for parole officers and parole supervisors of the Parole Board.
Hearing date Apr 2 am.
Ought NOT Pass, report accepted.

H 933 - Petition of James T. Brett relative to duplicative recoveries in certain actions against health care providers.
Hearing date Mar 19 am.
Ought NOT Pass, accompanied H. 6123.

H 934 - Petition of Marie-Louise Kehoe for legislation to regulate certain insurance charges in homeowners policies.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 935 - Petition of Marie-Louise Kehoe relative to insurance rights of retired public employees.
Hearing date Mar 5 am & Mar 10 am.
Favorable report, referred to committee on House Ways and Means.

H 936 - Petition of Marie-Louise Kehoe for legislation to increase the amount of money fire insurance companies are required to contribute to certain costs for fire protection.
Hearing date Mar 26 am.
Favorable report, referred to committee on House Ways and Means.

H 937 - Petition of Francis H. Woodward for legislation to further regulate special insurance brokers.
Hearing date Mar 26 am.

H 938 - Petition of Francis H. Woodward relative to increasing the tort threshold, tort benefit levels and minimum limits of liability under the motor vehicle insurance law.
Hearing date Mar 10 am.
Accompanied H. 3569.

H 1124- Petition filed at the request of Armand Pimental that health insurance companies be required to submit bills to insured parties within sixty days.
Hearing date Mar 24 am.
Ought NOT Pass, report accepted.

H 1125- Petition of Albert Herren relative to motor vehicle insurance companies awarding interest on overpayment of insurance premiums.
Hearing date Mar 12 am.
Signed by the Governor, Chapter 561 Acts.

H 1126- Petition of Albert Herren that provision be made for the payment of motor vehicle insurance premiums within a six-month period.
Hearing date Mar 12 am.
Ought NOT Pass, report accepted.

H 1127- Petition of Thomas P. Kennedy relative to increasing the medical malpractice tribunal bond.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 1128- Petition of Thomas P. Kennedy and Joseph K. Mackey relative to regulating medical malpractice insurance premiums and creating a medical malpractice insurance premium stabilization fund.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 1129- Petition of Richard A. Voke for legislation to require insurance companies, hospital service corporations and medical service corporations to provide certain preventive care services for children.
Hearing date Mar 19 am.
Accompanied H. 6042.

H 1130- Petition of Michael P. Walsh for legislation to require annual reports by each insurer licensed to write property and casualty insurance in the Commonwealth.
Hearing date Mar 26 am.
Accompanied H. 6076.

H 1131- Petition of Michael P. Walsh relative to optional additional limits of uninsured motorist coverage under the motor vehicle insurance laws.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 1132- Petition of Michael P. Walsh for legislation to expand the protection of the Insurers Insolvency Fund.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 1289- Petition of Robert L. Howarth relative to health insurance provided to students at state colleges and universities.
Hearing date Mar 24 am.
Ought NOT Pass, accompanied H. 6148.

H 1322- Petition of the Massachusetts Co-operative Bank League and Michael C. Creedon for legislation to further regulate the cancellation of certain fire insurance policies and contracts.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 1323- Petition of Kevin W. Fitzgerald for legislation relative to the selling of insurance.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 1324- Petition of Robert L. Howarth for legislation to include chiropractic services in health maintenance organization coverage.
Hearing date Mar 19 am.
Favorable report, referred to committee on Senate Steering and Policy; ordered to a third reading, read third, amended and passed to be engrossed.

H 1325- Petition of Francis G. Mara relative to examinations of domestic life insurance companies.
Hearing date Mar 31 am.
Signed by the Governor, Chapter 614 Acts.

H 1326- Petition of Francis G. Mara for legislation to provide that certain officers of insurance companies be covered by a suitable bond.
Hearing date Mar 26 am.
Signed by the Governor, Chapter 448 Acts.

H 1327- Petition of Joseph B. McIntyre, Frank M. Hynes, William Q. MacLean, Jr., Roger R. Goyette, Roger L. Tougas and Patricia G. Fiero for legislation to regulate marine insurance.
Hearing date Mar 31 am.
Accompanied H. 5746.

H 1328- Petition filed at the request of Margaret McCormick for legislation to further regulate the issuance of certain accident and health insurance policies.
Hearing date Mar 24 am.
Ought NOT Pass, report accepted.

H 1329- Petition of Theodore D. Mann, Michael P. Walsh, other members of the General Court and another for legislation to authorize governmental units to participate in property and casualty insurance coverage.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 1495- Petition of Carmen D. Buell and other for legislation relative to information on automobile insurance policies.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 1496- Petition of Frank M. Hynes for legislation relative to premium credits on motor vehicle insurance policies.
Hearing date Mar 12 am.
Accompanied S. 1924

H 1497- Petition of Joan M. Menard relative to including the mentally retarded in insurance policies.
Hearing date Mar 26 am.
Accompanied H. 5947.

H 1677- Petition of Theodore C. Speliotis relative to the safe driver insurance plan.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 1876- Petition of Mary Jane Gibson, Richard A. Kraus and George Bachrach for legislation to require certain insurance policies to be in compliance with the Equal Rights Amendment to the Constitution.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 1877- Petition of Mary Jane Gibson, other members of the General Court and another for legislation to prohibit discrimination relative to insurance contracts.
Hearing date Mar 26 am.
Substituted for part of H. 5636; referred to committee on Senate Steering and Policy.

H 1878- Petition of Steve D. Pierce relative to motor vehicle insurance.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 1879- Petition of Theodore C. Speliotis for legislation to further regulate the payment of certain automobile insurance claims.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 1880- Petition of Theodore C. Speliotis for legislation to require certain surcharges to be paid within six months of issuance to motor vehicle insurance policyholders.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 2033- Petition of the Massachusetts Organization of State Engineers and Scientists and Suzanne M. Bump relative to increasing the insurance coverage for public employees.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 2034- Petition of Salvatore F. DiMasi, Jan M. Menard, Susan F. Rourke, Marilyn L. Travinski, Barbara E. Gray and another for legislation to authorize the sale of joint credit life insurance.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 2035- Petition of Salvatore F. DiMasi and another relative to increasing the availability of credit accident and health insurance.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 2036- Petition of Salvatore F. DiMasi and another for legislation to regulate credit life insurance and credit accident and health insurance.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 2037- Petition of Salvatore F. DiMasi relative to credit life and credit accident and health insurance sold in connection with consumer credit transactions.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 2038- Petition of Emanuel G. Serra relative to further regulating the payment of the proceeds of certain insurance policies.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 2039- Petition of Emanuel G. Serra for legislation to increase the amount of group life insurance for state employees.
Hearing date Mar 5 am & Mar 10 am.
Accompanied H. 5795.

H 2040- Petition of Emanuel G. Serra for legislation to provide that automobile insurance premiums be based on individuals driving records.
Hearing date Mar 10 am.
Ought NOT Pass, report accepted.

H 2041- Petition of Emanuel G. Serra for legislation to prohibit discrimination in disability insurance policies and the determination of premiums and benefits payable relative to such policies.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 2042- Petition of Emanuel G. Serra for legislation to prohibit discrimination relative to insurance contracts.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 2043- Petition of Thomas P. White for legislation to authorize agreements among governmental units for the purchase of property and casualty insurance.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 2044- Petition of Thomas P. White for legislation to authorize municipalities and private employers to establish group self-insurance trust funds.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 2045- Petition of Thomas P. White relative to the availability of insurance coverage for motorized bicycles.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 2170- Petition of Peter A. Vellucci for legislation to modify the application for mortgage loans to make information available to banks relative to potential arson customers.
Hearing date Feb 25 pm.
Ought NOT Pass, ordered to a third reading.

H 2245- Petition of Peter Forman relative to regulating credit life insurance and credit accident health insurance.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 2246- Petition of Kenneth M. Lemanski relative to further regulating the imposition of surcharges on motor vehicle insurance policies.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 2247- Petition of Peter A. Vellucci for legislation to strengthen disclosure provisions of the law regulating insurance contracts against losses by fire.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 2636- Petition of Gregory W. Sullivan relative to automobile liability insurance on certain commercial vehicles.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 2637- Petition of Gregory W. Sullivan, William R. Keating and Marjorie A. Clapproad that certain health insurance plans be required to include cardiac rehabilitation as a benefit.
Hearing date Mar 24 am.
Ought NOT Pass, report accepted.

H 2638- Petition of Gregory W. Sullivan for legislation to create an auto body repair advisory board in the Division of Insurance.
Hearing date Mar 10 am.
Ought NOT Pass, report accepted.

H 2807- Petition of Theodore J. Aleixo, Jr., relative to motor vehicle insurance.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 2808- Petition of AFSCME Council 93 and Angelo M. Scaccia that the surviving spouse of a municipal employee be allowed to participate in a health insurance program at a group rate.
Hearing date Apr 2 am.
Favorable report, passed to be engrossed; referred to committee on Senate Steering and Policy.

H 2809- Petition of J. Bert Swain for legislation to protect insured persons from unfair claim settlement practices.
Hearing date Apr 2 am.
Ought NOT Pass, report accepted.

H 3007- Petition of Robert B. Ambler for legislation to increase group life insurance and accidental death and dismemberment insurance for public employees.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 3008- Petition of Thomas M. Gallagher for an investigation by a special commission (including members of the General Court) relative to determining the feasibility of establishing an auto insurance company owned and operated by the Commonwealth.
Hearing date Mar 10 am.
Accompanied H. 5795.

H 3214- Petition of Patricia G. Fiero, Robert C. Buell and John C. Bradford relative to insurance for commercial fishing vessels.
Hearing date Mar 31 am.
Accompanied H. 5746.

H 3215- Petition of Barbara E. Gray, Barbara Hildt, Marjorie A. Clapprood, Christopher J. Hodgkins and Sherwood Guernsey relative to amending the health insurance laws to provide for continuing coverage for spouses of deceased persons.
Hearing date Mar 24 am.
Discharged to committee on House Ways and Means, Senate concurred.

H 3216- Petition of Emanuel G. Serra for legislation to require annual reports by property and casualty insureres.
Hearing date Mar 26 am.
Accompanied H. 6076.

H 3217- Petition of Emanuel G. Serra relative to insurable interest in certain vehicles.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 3218- Petition of Michael P. Walsh relative to investment practices of life insurance companies.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 3219- Petition of Michael P. Walsh, Steven D. Pierce and Walter A. DeFilippi for legislation relative to the classification of risks in automobile insurance.
Hearing date Mar 10 am.
Favorable report, referred to committee on House Ways and Means.

H 3220- Petition of Michael P. Walsh for legislation to require persons or organizations filing legislative proposals relative to mandating health coverage by insurance carriers to submit a report to the legislative committee having jurisdiction on the social and financial impact of such coverage.
Hearing date Mar 19 am.
Accompanied H. 5636.

H 3386- Petition of the Massachusetts Teachers Association, Royal L. Bolling, Sr., and other members of the General Court for legislation to permit negotiation of health and welfare plans for municipal employees.
Hearing date Mar 5 am, Mar 10 am & Apr 16 am.
Discharged to committee on Public Service, accompanied H. 5571.

H 3387- Petition of Angelo R. Cataldo that provision be made for a reduction of motor vehicle premium charges for certain disabled persons.
Hearing date Mar 10 am.
Accompanied S. 1924.

H 3388- Petition of Angelo R. Cataldo for legislation to reduce certain motor vehicle insurance rates for disabled persons.
Hearing date Mar 10 am.
Accompanied S. 1924.

H 3389- Petition of Marjorie A. Clapproad, Susan D. Schur and Patricia G. Fiero that certain health insurance plans be required to include cardiac rehabilitation as a benefit.
Hearing date Mar 24 am.
Ought NOT Pass, report accepted.

H 3390- Petition of William D. Mullins relative to increasing the limit requiring fire insurance companies to contribute to certain costs for fire protection.
Hearing date Mar 26 am.
Accompanied H. 936.

H 3391- Petition of William D. Mullins for legislation to provide for the prompt payment of claims under accident and sickness insurance policies.
Hearing date Mar 24 am.
Accompanied H. 5636.

H 3392- Petition of William D. Mullins relative to the timely payment of insurance claims.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 3564- Petition of Lawrence R. Alexander for legislation to increase the amount of policies which savings and insurance banks may have in force at any one time on any one life.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 3565- Petition filed at the request of Melvin E. Silberstein for legislation to prohibit the use of geographical location in setting motor vehicle insurance rates.
Hearing date Mar 10 am.
Accompanied H. 3219.

H 3566- Petition filed at the request of Melvin E. Silberstein for legislation to require compulsory motor vehicle liability insurance for each licensed operator instead of each motor vehicle for the purpose of establishing just and reasonable insurance rates.
Hearing date Mar 10 am.
Ought NOT Pass, report accepted.

H 3567- Petition of Lawrence R. Alexander, Barbara Hildt, Thomas M. Gallagher, Steven Angelo and Sherwood Guernsey for legislation to require that persons convicted of drunk driving be required to maintain higher bodily injury insurance coverage before such persons are reinstated with licenses to operate motor vehicles.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 3568- Petition of Lawrence R. Alexander and Thomas M. Gallagher for legislation to establish the Massachusetts life and health insurance guaranty association act.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 3569- Petition of Francis H. Woodward relative to motor vehicle insurance.
Hearing date Mar 10 am.
Favorable report, accompanied H. 6348.

H 3747- Petition of Steven Angelo relative to the overpayment of premiums on motor vehicle liability insurance policies.
Hearing date Mar 12 am.
Accompanied H. 1125.

H 3748- Petition of A. Joseph DeNucci, Kevin W. Fitzgerald and Iris K. Holland relative to certain mental health and alcoholism treatment benefits to be covered by health insurance coverage and other medical contracts.
Hearing date Mar 24 am.
Accompanied H. 4925.

H 3749- Petition of Salvatore F. DiMasi for legislation to require that filings of homeowner's insurance rates be uniform throughout the Commonwealth.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 3750- Petition of Salvatore F. DiMasi that provisions be made for lower insurance rates for non-smokers.
Hearing date Mar 19 am.
Ought NOT Pass, report accepted.

H 3751- Petition of Salvatore F. DiMasi relative to group credit accident and health and group credit life insurance policies.
Hearing date Apr 2 am.
Accompanied H. 5729.

H 3752- Petition of Salvatore F. DiMasi, Joan M. Menard and John F. Cox relative to the right of defendants in motor vehicle cases to select their own attorney.
Hearing date Mar 10 am.
Accompanied H. 5795.

H 3753- Petition of Salvatore F. DiMasi for legislation to prohibit discrimination relative to insurance contracts.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 3754- Petition of Salvatore F. DiMasi for legislation to provide insurance rebates for motorists who use overnight off-street parking.
Hearing date Mar 12 am.
Ought NOT Pass, report accepted.

H 3755- Petition of William G. Robinson and other members of the House relative to the fixing and establishment of classifications of motor vehicle insurance rates for handicapped and veterans.
Hearing date Mar 10 am.
Accompanied S. 1924.

H 3917- Petition of Salvatore F. DiMasi relative to increasing the minimum limits of liability under motor vehicle liability bonds and motor vehicle liability policies.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 3918- Petition of Salvatore F. DiMasi and John F. Cox relative to revising the motor vehicle insurance laws.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 3919- Petition of Salvatore F. DiMasi for legislation to provide that classification of risks and premium charges under the compulsory motor vehicle liability insurance law be uniform throughout the Commonwealth.
Hearing date Mar 10 am.
Accompanied H. 3219.

H 3920- Petition of Salvatore F. DiMasi relative to deposit insurance in the Commonwealth.
Hearing date Apr 2 am.
Discharged to committee on Banks and Banking.

H 3921- Petition of Salvatore F. DiMasi relative to credit life and accident and health insurance sold in connection with consumer credit transactions.
Hearing date Apt\ 2 am.
Accompanied H. 5729.

H 3922- Petition of Salvatore F. DiMasi relative to compulsory motor vehicle insurance policies.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 3923- Petition of Michael F. Flaherty relative to further regulation the disbursement of insurance proceeds.
Hearing date Mar 31 am.
Signed by the Governor, Chapter 477 Acts.

H 3924- Petition of William J. Flynn, Jr., for legislation to prohibit discrimination relative to insurance contracts.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 4149- Petition of Robert A. Durand, Carmen D. Buell, Jonathan L. He Steven Angelo and Argio P. Cellucci for legislation to require owners and operators of snow vehicles or recreational vehicle to have proper insurance.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 4150- Petition of Frank A. Emilio that insurance companies be authorized to invest in mortgage pass through certification.
Hearing date Apr 2 am.
Accompanied H. 5636.

H 4151- Petition of Frank A. Emilio relative to the licensing requirements for insurance agents.
Hearing date Mar 26 am.
Favorable report; ordered a third reading.

H 4152- Petition of Frank A. Emilio relative to the regulation and control of the conduct of insurers prohibited from conducting the business of insurance within the Commonwealth.
Hearing date Mar 26 am.
Accompanied H. 334.

H 4153- Petition of Frank A. Emilio for legislation to establish the Massachusetts Life and Health Insurance Guaranty Association.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 4154- Petition of Frank A. Emilio relative to investments by domestic life insurance companies.
Hearing date Mar 26 am.
Ought NOT Pass, report accepted.

H 4155- Petition of Frank A. Emilio and other members of the House relative to the issuance of liability insurance for protection against liability caused by pollution.
Hearing date Mar 31 am.
Accompanied H. 5636.

H 4156- Petition of Iris K. Holland for legislation to prohibit discrimination relative to insurance contracts.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 4307- Petition of James T. Brett and other members of the House of legislation to provide for human services provider liability insurance.
Hearing date Mar 31 am.
Accompanied H. 5636.

H 4308- Petition of the Massachusetts Association of Home Health Care Providers and Marjorie A. Clapproad for legislation to require home care services to be included in group health insurance policies, employees health and welfare funds, group hospital service contracts and group medical service contracts.
Hearing date Mar 19 am.
Accompanied H. 6069.

H 4309- Petition of William Constantino, Jr., for legislation to include custodial or nursing home care costs in health insurance policies of persons with Alzheimer's disease. Hearing date Mar 24 am & May 13 am.
Discharged to Health Care, accompanied H. 6033.

H 4310- Petition of Charles Robert Doyle that classifications of risk and premium charges under the compulsory motor vehicle liability insurance law be made uniform throughout the Commonwealth. Hearing date Mar 10 am.
Accompanied H. 3219.

H 4311- Petition of Charles Robert Doyle for an investigation by a special commission (including members of the General Court) relative to developing private long term care insurance. Hearing date Mar 19 am & May 13 am.
Accompanied H. 5933.

H 4312- Petition filed at the request of John F. Hanley relative to insurance on newly purchased motor vehicles. Hearing date Mar 12 am.
Ought NOT Pass, report accepted.

H 4313- Petition of Emanuel G. Serra for legislation to prohibit discrimination relative to insurance contracts. Hearing date Mar 26 am.
Accompanied H. 5636.

\ H 4404- A message from His Excellency the Governor recommending legislation relative to establishing the Massachusetts hazardous waste licensees insolvency fund.
Accompanied S. 1669.

H 4422- Petition of Howard C. Cahoon, Jr., Paul V. Doane and another for legislation to provide for group self-insurance trust funds for regional vocational technical schools. Hearing date Mar 26 am. & Jul 1 am.
Ought NOT Pass, accompanied H. 6123.

H 4462- Petition of Paul E. Caron for legislation to provide that certain health insurance coverage terminate due to the remarriage of the former spouse of a group member. Hearing date Mar 24 am.
Ought NOT Pass, report accepted.

H 4463- Petition of Paul E. Caron and Christopher J. Hodgkins relative to the effective date of safe driver credits under the motor vehicle liability insurance law. Hearing date Mar 12 am.
Accompanied S. 1924.

H 4464- Petition of Roger R. Goyette for an investigation by a special commission (including members of the General Court) relative to the feasibility of establishing a sliding scale fee for attorneys involved in medical malpractice.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 4611- Petition of Paul E. Caron for legislation to require persons convicted of drunk driving to purchase bodily injury insurance to aid victims of drunk driving.
Hearing date Mar 12 am.
Accompanied H. 5795.

H 4612- Petition of Athan Catjakis relative to increasing the amount of basic life insurance for active and retired state employees.
Hearing date Mar 5 am & Mar 10 am.
Ought NOT Pass, report accepted.

H 4613- Petition of Kenneth M. Lemanski for legislation to further regulate the provisions of the safe driver insurance plan.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 4614- Petition of David P. Magnani relative to the payment of insurance claims for damage to municipal property.
Hearing date Mar 31 am.
Ought NOT Pass.

H 4615- Petition of Charles E. Silvia for legislation to authorize the Commissioner of Insurance to establish a comprehensive health insurance plan for certain former employees.
Hearing date Mar 19 am.
Ought NOT Pass.

H 4776- Petition of Frances F. Alexander for legislation to provide for the continuation of certain health insurance coverage for surviving spouses for a period of eighteen months following the death of his/her spouse.
Hearing date Mar 24 am.
Discharged to committee on House Ways and Means.

H 4777- Petition of Kevin W. Fitzgerald for an investigation by a special commission (including members of the General Court) relative to establishing a pilot program for underinsured and uninsured persons for health coverage.
Hearing date Mar 24 am.
Accompanied H. 5636.

H 4778- Petition of Michael F. Flaherty relative to reviving and continuing the special commission (including members of the General Court) established to make an investigation and study of procedures of admitting certain drug-alcohol patients for detoxification and extended drug-alcohol education and rehabilitation by insurance companies.
Hearing date Mar 24 am.
Accompanied H. 4925.

H 4779- Petition of Michael J. McGlynn and John F. Cox for legislation to reduce the premium for house insurance of certain elderly persons.
Hearing date Mar 26 am.
Accompanied H. 5636.

H 4780- Petition of Michael J. McGlynn and another for legislation to provide for freedom of choice in the selection of vision care providers.
Hearing date Mar 24 am.
Accompanied H. 5649.

H 4781- Petition of Michael J. McGlynn for legislation to prohibit interest rates on certain motor vehicle insurance policies.
Hearing date Mar 12 am.
Ought NOT Pass.

H 4782- Petition of Mary Jeanette Murray for legislation to require non-profit hospital service corporations to pay subscribers for hospital surgery.
Hearing date Mar 24 am.
Ought NOT Pass.

H 4783- Petition of Thomas G. Palumbo for legislation to require insurance companies which sell homeowners or renters insurance to offer liability coverage for the intentional torts of unemancipated minor children.
Hearing date Mar 26 am.
Ought NOT Pass.

H 4784- Petition of Hans Petschaft relative to group health insurance coverage and coverage for certain students up to the age of twenty-four.
Hearing date Apr 2 am.
Ought NOT Pass.

H 4785- Petition of Michael P. Walsh that the Commissioner of Insurance be authorized to establish a schedule of motor vehicle insurance discounts for low mileage drivers.
Hearing date Mar 10 am.
Accompanied H. 5795.

H 4924- Petition of Frances F. Alexander for legislation to further regulate professional malpractice claims against physicians.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 4925- Petition of Robert Correia relative to providing treatment for alcoholism in certain health insurance policies.
Hearing date Mar 24 am.
Favorable report, referred to committee on Senate Ways and Means.

H 4926- Petition of Sherwood Guernsey relative to motor vehicle liability and motor vehicle insurance.
Hearing date Mar 10 am.
Accompanied H. 3569.

H 4927- Petition of Sherwood Guernsey that insurance companies be required to issue professional malpractice insurance and permit group self-insurance for professionals.
Hearing date Mar 19 am.
Accompanied H. 5525.

H 4928- Petition of Barbara Hildt and another relative to motor vehicle liability bonds.
Hearing date Mar 12 am.
Accompanied S. 1924.

H 4929- Petition of Kevin Poirier and Stephen J. Karol for legislation to require health insurance policies to provide benefits for diabetes patients.
Hearing date Apr 2 am.
Accompanied H. 5636..

H 5107- Petition of Frank A. Emilio and another relative to the replacement of life insurance.
Hearing date Mar 26 am.
Signed by the Governor, Chapter 632 Acts.

H 5108- Petition of Kevin W. Fitzgerald for legislation to provide health maintenance organization coverage for uninsured residents of the Commonwealth.
Hearing date Mar 24 am. & May 13 am.
Accompanied H. 5867.

H 5109- Petition of Sherwood Guernsey and other members of the general Court relative to certain medical malpractice causes of action.
Accompanied H. 5525.

H 5110- Petition filed at the request of Barry M. Manuel for legislation to establish a system of compensation for injuries related to medical treatment.
Accompanied H. 5525.

H 5111- Petition filed at the request of Frank J. Mitchell for an investigation by a special commission (including members of the General Court) relative to insurance premium rates paid by contractors.
Hearing date Mar 31 am.
Ought NOT Pass.

H 5112- Petition of the Massachusetts Fire Chiefs Association and Kevin Poirier relative to the standard form of fire insurance policies.
Hearing date Mar 31 am.
Ought NOT Pass.

H 5113- Petition of Sherman W. Saltmarsh, Jr., relative to the regulation of sureties of foreign companies doing construction work in the Commonwealth.
Hearing date Apr 2 am.
Accompanied H. 6003.

H 5279- Petition of Frank M. Hynes and William B. Golden for legislation to require operators of motorcycles to have appropriate health insurance in order to register such motorcycles.
Hearing date Apr 2 am & Apr 28 am.
Ought NOT Pass.

H 5280- Petition of the Massachusetts State Buildings Trade Council, AFL-CIO, and Richard T. Moore for legislation to provide that certain health insurance coverage terminate due to the remarriage of former spouses of group members.
Hearing date Apr 2 am & Apr 28 am.
Ought NOT Pass.

H 5281- Petition of Mary Jeanette Murray for legislation to require medical service corporations to pay for certain outpatient chiropractic visits.
Hearing date Apr 2 am & Apr 28 am.

H 5355- Annual report of the special commission (under Section 12 of Chapter 362 of the Acts of 1975) relative to medical professional liability insurance and the nature and consequences of medical malpractice.
Hearing date Apr 2 am.

H 5401- Petition of J. Michael Ruane that provision be made for payment of a death benefit to members of the Salem Fireman's Relief Association upon retirement from the fire department of said city.
Hearing date Apr 2 am.
Signed by the Governor, Chapter 268 Acts.

H 5456- Petition of Brian Hickey and Michael J. McGlynn for legislation to promote fair settlements of collision and limited collision motor vehicle damage insurance claims.
Hearing date Apr 26 am.
Accompanied H. 5636.

H 5469- Petition of Ellen M. Canavan relative to medical malpractice insurance.
Hearing date Jul 1 am.
Ought NOT Pass, accompanied H. 6123.

H 5506- Petition of Theodore J. Aleixo, Jr., relative to the payment of death and disability benefits by the Taunton Police Mutual Benefit Association, Inc.
Hearing date Apr 28 am.
Signed by the Governor, Chapter 269 Acts.

H 5514- Petition of Robert Correia relative to the payment by the Fall River Police Relief Association of sums of money to retired members of the association and authorizing the payment of certain death benefits.
Hearing date Apr 28 am.
Signed by the Governor, Chapter 270 Acts.

H 5515- Petition of Eleanor Myerson and others relative to death benefits payable to surviving spouses of members of the Brookline Police Mutual Aid Association.
Hearing date Apr 28 am.
Signed by the Governor, Chapter 286 Acts.

H 5534- Petition of Sherwood Guernsey for legislation to further regulate personal liability insurance.
Hearing date Apr 28 am.
Accompanied H. 5636.

H 5537- Petition of Walter A. DeFilippi and Robert J. Rohan for legislation to further regulate the amount of interest certain insurance companies may charge on certain motor vehicle insurance.
Hearing date Apr 28 am.
Signed by the Governor, Chapter 333 Acts.

H 5657- Petition of Robert F. Jakubowicz relative to providing for a joint underwriting association to provide personal liability insurance other than medical malpractice, liquor liability and motor vehicle liability insurance.
Hearing date Jul 1 am.
Ought NOT Pass, accompanied H. 6123.

H 5743- Petition of Angelo M. Scaccia for legislation to authorize the Grand Lodge of Massachusetts Order Sons of Italy in America to grant increased death benefits to its members.
Signed by the Governor, Chapter 300 Acts.

H 5744- Petition of Royall H. Switzler and Carol G. Amick relative to amount of retirement benefits which may be paid by the Weston Police Relief Association, Inc.
Signed by the Governor, Chapter 354 Acts.

H 5822- Petition of William P. Nagle, Jr., (with the approval of the mayor and city council) that the city of Northampton be authorized to establish a general liability self-insurance fund.
Hearing date Jun 10 am.
Accompanied H. 6123.

H 5965- Petition of Michael F. Flaherty relative to the treatment of alcoholics under group hospital plans.
Hearing date Jul 1 am.
Ought NOT Pass, Accompanied H. 6345.

H 6142- Petition of James G. Collins and John W. Olver (by vote of the town) relative to the establishment of a municipal liability insurance fund by the town of Amherst.
Hearing date Jul 15 am.
Accompanied H. 6346.

H 6164- Petition filed at the request of David A. MacDonald relative judicial appeals in automobile insurance cases.
Hearing date Aug 6 am.

H 6170- Petition of Lawrence R. Alexander and Walter J. Boverini for legislation to authorize the Marblehead Police Relief Association to pay certain benefits to its members upon their retirement.
Hearing date Aug 6 am.
Signed by the Governor, Chapter 395 Acts.

H 6243- Petition of Frank A. Emilio relative to life insurance companies separate accounts.
Hearing date Sep 24 am.
Accompanied H. 6350.

H 6312- Petition of Joseph B. McIntyre, Roger R. Goyette, Dennis Lawrence, William Q. MacLean, Jr., and another relative to the amount of retirement benefits which may be paid by the New Bedford Police Association, Inc.
Hearing date Sep 29 am.
Signed by the Governor, Chapter 500 Acts.

H 6319- Special report of the Commissioner of Administration (under authority of Section 4 of Chapter 7 of the General Laws) relative to providing health insurance coverage for the orphans of certain public employees.
Hearing date Oct 15 pm.
Signed by the Governor, Chapter 704 Acts.

H 6333- Petition of Sherwood Guernsey and other members of the House relative to automobile insurance premium charges.
Hearing date Oct 15 pm.
Accompanied H. 6549.

H 6479- Interim report of the special commission (under Chapter 2 of the Resolves of 1985 and revived and continued by chapter 6 of the Resolves of 1986) relative to the procedures of admitting certain drug-alcohol patients for detoxification and extended drug-alcohol education and rehabilitation by insurance companies. Senate concurred.

REDRAFTED LEGISLATION

S 1669- Bill establishing the Massachusetts hazardous waste licensees insolvency fund.
New draft of H. 4404; Favorable report referred to Senate Ways and Means.
New draft substituted, see S. 1670.

S 1670- Bill establishing the Massachusetts hazardous waste licensees insolvency fund.
New draft of S. 1669.
Signed by Governor, Chapter 10 Acts.

S 1749- Bill to increase competition and reduce costs in automobile insurance.
New draft of S. 760.
New draft substituted, See S. 1811.

S 1811- Resolve requiring the Commissioner of Insurance to conduct and investigation and study relative to group marketing of motor vehicle insurance.
Substituted for S. 1749.
Passed to be engrossed; referred to House Ways and Means.

S 1924- Order authorizing the joint committee on Insurance to sit during the recess of the General Court for the purpose of making an investigation and study of certain current Senate and House documents relative to motor vehicle insurance.
New draft of 27 bills.
Order reported favorably; discharged to Senate rules .
No report.

S 1966- Order relative to authorizing the Joint Committee on Commerce and Labor to sit during the recess of the General Court for the purpose of making an investigation and study of current Senate documents numbered 766 and 770, relative to employee participation in group insurance programs.
New draft of S. 766 and S. 770.
Reported favorably.
Discharged to Senate Rules; No report.

S 1978- Bill relative to the application of certain insurance benefit
New draft of S. 752, S. 772, S. 773 and S. 774.
Signed by Governor, Chapter 579.

S 2043- Order relative to authorizing the Joint Committee on Insurance to sit during the recess of the General Court for the purpose of making an investigation and study of current Senate documents numbered 2026, relative to the rates used for any contract of general liability insurance issued or renewed on or after July first, 1986.
New draft of S. 2026.
Reported favorably.
Discharged to Senate Rules; no report.

S 2090- Bill further regulating governmental units pooled insurance.
New draft of S. 2068.
Reported favorably referred to Senate Ways and Means
New draft substituted, see S. 2126.

S 2106- Order relative to authorizing the Joint Committee on Insurance to sit during the recess of the General Court for the purpose of making an investigation and study of current Senate documents numbered 755, relative to insurance failures in the market place.
New draft of S. 755.
Reported favorably.
Discharged to Senate Rules; No report.

S 2126- Bill further regulating governmental units pooled insurance.
New draft for S. 2090.
Signed by Governor, Chapter 491 Acts.

S 2153- Bill relative to automobile insurance rates.
Substituted for S. 2112.
Signed by Governor, Chapter 622 Acts.

H 5525- Bill relative to medical malpractice.
Reported favorably referred to House Ways and Means.
Substituted by H. 5612.

H 5571- Bill providing for negotiation of health and welfare plans for municipal employees.
New draft of H. 3386 and H. 5312.
Reported favorably referred to House Counties.
Committee recommended ought to pass; passed to be engrossed.
Referred to Senate Ways and Means.
No report.

H 5612- Bill relative to medical malpractice.
New draft for H. 5525.
Reprinted as amended, See H. 5700.

H 5636- Order relative to authorizing the committee on Insurance to make an investigation and study of certain Senate and House documents concerning insurance premiums, benefits, discrimination and other related matters.
Accompanied by 32 bills.
Reported favorably.
Substituted (in part) by H. 1877.
Referred to Senate Ways and Means; no report.

H 5649- Bill further regulating certain health care plan restrictions.
New draft of H. 4780.
Reported favorably referred to House Ways and Means.

H 5700- Bill relative to medical malpractice.
Conference committee report accepted.
Signed by Governor, Chapter 351 Acts.

H 5729- Order relative to authorizing the committee on Insurance to make an investigation and study of certain Senate and House documents concerning the sale of joint credit life, accident and health insurance and other related matters.
Reported favorably.
Reported (in part) by new draft Se.. H. 6409.
Referred to House Ways and Means.

H 5746- Bill further regulating marine insurance.
New draft of H. 742, H. 1327, and H. 3214.
Reported favorably and referred to House Ways and Means.
Signed by Governor, Chapter 650 Acts.

H 5795- Order relative to authorizing the Committee on Insurance to make an investigation and study of certain Senate and House documents concerning medical, life and motor vehicle insurance and other related matters.
Accompanied by 21 bills.
Reported favorably.
Referred to House Ways and Means.

H 5867- Bill relative to providing health maintenance organization coverage for uninsured residents of the Commonwealth.
New draft of H. 5108.
Reported favorably referred to House Ways and Means.

H 5933- Order relative to authorizing the Committee on Health Care to make an investigation and study of certain House documents concerning the development of private long term care insurance.
Accompanied by H. 81 and H. 4311.
Reported favorably referred to House Ways and Means.

H 5947- Bill further restricting discrimination by insurers against the blind, physically impaired and mentally retarded.
New draft of H. 43 and H. 1497.
Reported favorably; recommitted.
Recommended ought to pass.
Referred to House Ways and Means.

H 5951- Order relative to authorizing the Committee on Commerce and Labor to make an investigation and study of a certain House document concerning the notice of discontinuance of health insurance policies.
Accompanied by H. 547.
Reported favorably and referred to House Ways and Means.

H 5997- Bill to amend group life insurance.
New draft of H. 339.
Reported favorably.
New draft substituted; see h. 6325.

H 6003- Order relative to authorizing the Committee of Insurance to make an investigation and study of a certain House document concerning the regulations of sureties of foreign companies performing construction work in the Commonwealth.
Accompanied by H. 5113.
Reported favorably referred to Hosue Ways and Means.

H 6033- Order relative to authorizing the Committee on Health Care to make an investigation and study of certain Senate and House documents concerning the inclusion of custodial or nursing home care costs in health insurance policies of persons with Alzheimer's disease.
Accompanied by S. 786, S. 1674 and H. 4309.
Reported favorably, referred to House Ways and Means.

H 6042- Bill requiring insurance companies, hospital service corporations and medical service corporations to provide certain preventive care services for children.
New draft of H. 1129.
Reported favorably; referred to Senate Ways and Means.
No report.

H 6069- Bill requiring home care services to be included in group health insurance policies, employees health and welfare funds, group hospital service contracts and group medical service contracts.
New draft of H. 4308.
Reported favorably referred to House Ways and Means.
Substituted by H. 6416.

H 6076- Order relative to authorizing the Committee on Insurance to make an investigation and study of certain House documents concerning the requirement for filing annual reports by property and casualty insurers.
Accompanied by H. 1130 and H. 3216.
Reported favorably and referred to House Ways and Means.

H 6123- Order relative to authorizing the Committee on Insurance to make an investigation and study of certain House documents concerning health care providers, group insurance, medical malpractice insurance and other related matters.
Accompanied by H. 933, H. 4422, H. 5469, H. 5657 and H. 5822.
Reported favorably and referred to House Ways and Means.

H 6148- Bill relative to health insurance provided to students at state colleges and universities.
New draft of H. 1289.
Reported favorably referred to House Ways and Means.

H 6275- Bill further regulating motor vehicle insurance.
New draft substituted for S. 785:
Signed by Governor, Chapter 484 Acts.

H 6325- Bill further regulating group life insurance.
New draft of H. 5997.
Signed by Governor, Chapter 705 Acts.

H 6346- Order relative to authorizing the Committee on Insurance to make an investigation and study of a certain House document providing for the establishment of a municipal liability insurance fund by the town of Amherst.
Accompanied by H. 6142.
Reported favorably referred to House Ways and Means.

H 6348- Bill increasing the tort threshold, tort benefit levels and minimum limits of liability under the motor vehicle insurance law.
New draft of H. 3569.
Reported favorably, bill rejected.

H 6350- Bill relative to life insurance company separate accounts.
New draft of H. 3569.
Signed by Governor, Chapter 496 Acts.

H 6409- Bill relative to regulating credit life insurance and credit accident and health insurance.
New draft of a part of H. 5729.
Reported favorably; recommitted.
Accompanied study order, see H. 6549.

H 6416- Bill requiring home care services to be included in group health insurance policies, employees health and welfare funds, group hospital service contracts and group medical service contracts.
Substituted for H. 6069.
Signed by Governor, Chapter 618 Acts.

H 6549- Order relative to authorizing the Committee on Insurance to make an investigation and study of certain House documents concerning the enforcement of insurance laws, motor vehicle insurance charges and credit life, accident and health insurance.
Accompanied by H. 42, H. 6333, and H. 6409.
Reported favorably, referred to House Ways and Means.

